## Case 17-34928-MBK Doc 11 Filed 12/28/17 Entered 12/28/17 17:31:41 Desc Main Document Page 1 of 33

| Fill in this infor  | mation to identify your  | case:               |                                       |                                    |
|---------------------|--------------------------|---------------------|---------------------------------------|------------------------------------|
| Debtor 1            | Brian K. Neuman          | n                   | · · · · · · · · · · · · · · · · · · · |                                    |
|                     | First Name               | Middle Name         | Last Name                             |                                    |
| Debtor 2            |                          |                     |                                       |                                    |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name                             |                                    |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY                                  |                                    |
| Case number         |                          |                     |                                       |                                    |
| (if known)          |                          |                     |                                       | Check if this is an amended filing |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| you | r original forms, you must fill out a new Summary and check the box at the top of this page.   |                   | <b>,-</b>                 |
|-----|--|-------------------|---------------------------|
| Pa  | t 1: Summarize Your Assets   |                   |                           |
|     |  | #84.05/P3/T3/C4/C | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                | 426,100.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                | 6,364.11                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                | 432,464.11                |
| Par | t2: Summarize Your Liabilities   |                   |                           |
|     |  |                   | labilities<br>ntyoucwe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                | 551,268.89                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                | 0.00                      |
|     | Your total liabilities   | \$                | 551,268.89                |
| Par | 3: Summarize Your Income and Expenses  |                   |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                | 3,907.55                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                | 3,575.00                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |                   |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sc       | hedules.                  |
| 7.  | Yes What kind of debt do you have?   |                   |                           |
|     | Your debte are primarily concurred debte. Consumer debte are those "incurred by an individual primarily for  |                   | family or                 |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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| Debtor 1 | Brian K. | Neumann |
|----------|----------|---------|
|----------|----------|---------|

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,731.93

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Fotal c | aim (2) a company |
|--|---------|-------------------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00              |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00              |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00              |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00              |
| <ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as<br/>priority claims. (Copy line 6g.)</li> </ol> | \$      | 0.00              |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | +\$     | 0.00              |
| 9g. <b>Total</b> . Add lines 9a through 9f.  | \$      | 0.00              |

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|  |  |  | DC                     | ocument  | Page 3 of  | 33                       |  |  |            |  |
|--|--|--|------------------------|--|--|--------------------------|--|--|------------|--|
| Fill in this information   | on to identify yo  | our case and th                        | is filin               | g:   |  |                          |  |  |            |  |
| Debtor 1 B   | Brian K. Neum  | ann                                    |                        |  |  |                          |  |  |            |  |
|  | irst Name  | Middle                                 | Name                   | ·  | Last Name  |                          |  |  |            |  |
| Debtor 2 (Spouse, if filing) Fil   | irst Name  | Middle                                 | Name                   |  | Last Name  |                          |  |  |            |  |
| •  |  |  |                        | M IEDOEM   |  |                          |  |  |            |  |
| United States Bankrup  | ptcy Court for the   | e: DISTRICT                            | OF NE                  | WJERSEY  |  |                          | <del></del>  |  |            |  |
| Case number  |  |  |                        |  | <u> </u>   |                          |  |  |            | Check if this is a   |
|  |  | <del></del> ·                          |                        |  |  |                          | <del></del>  | ]  |            | amended filing   |
|  |  |  |                        |  |  |                          |  |  |            |  |
| Official Form  | 106A/B   |  |                        |  |  |                          |  |  |            |  |
| Schedule A   | 4/B: Pro   | perty                                  |                        |  |  |                          |  |  |            | 40/45  |
| each category, separa  |  |  | in asse                | t only once. If  | an asset fits in more  | than one                 | ategory li   | ef the seept in  | o the c    | 12/15  |
| hink it fits best. Be as conformation. If more space   | complete and acc<br>ce is needed, atta                             | urate as possible<br>ach a separate sh | e. If two<br>leet to t | married peopl<br>his form. On th   | le are filing together,<br>ne top of any addition  | both are e<br>nal pages, | qually resp  | onsible for s  | unnki      | na correct   |
| Part 1: Describe Each  | Residence, Build   | ling, Land, or Oth                     | ier Real               | Estate You O   | wn or Have an Interes  | st In                    |  |  |            | <del></del>  |
| . Do you own or have a   | any legal or equita  | able interest in a                     | ny resid               | lence, building  | , land, or similar proj  | perty?                   |  |  |            |  |
| ☐ No. Go to Part 2.  |  |  |                        |  |  |                          |  |  |            |  |
| Yes. Where is the p  | aronerts@  |  |                        |  |  |                          |  |  |            |  |
| Too. Thioso io ale p   | noperty:   |  |                        |  |  |                          |  |  |            |  |
| 2215 Vermont . Street address, if availa  Toms River City  Ocean County  | able, or other descript  | 8755-0000<br>ZIP Code                  |                        | Single-family Duplex or mu Condominium Manufactured Land Investment pr Timeshare Other has an interest Debtor 1 only Debtor 2 only Debtor 1 and At least one o | Iti-unit building In or cooperative If or mobile home It operty  It in the property? Che Debtor 2 only If the debtors and anoth Ou wish to add about | her                      | Current va entire prop \$42  Describe ti (such as fe a life estate | t of any secure Who Have Clai liue of the perty? 26,100.00 he nature of y se simple, ten e), if known. | Cur<br>por | r exemptions. Put ns on Schedule D: cured by Property.  rent value of the tion you own? \$426,100.00 wnership interest by the entireties, or |
|  |  |  |                        |  |  |                          |  |  |            |  |
| Add the dollar value pages you have at art 2: Describe Your Vo you own, lease, or omeone else drives. If Cars, vans, trucks, t | ttached for Part<br>/ehicles<br>have legal or e<br>you lease a veh | t 1. Write that r                      | st in ar               | ny vehicles, v   | whether they are re  | egistered                | or not? In   | iclude any ve  | ehicles    | \$426,100.00<br>s you own that   |
| pages you have at<br>art 2: Describe Your V<br>o you own, lease, or<br>meone else drives. If                                   | ttached for Part<br>/ehicles<br>have legal or e<br>you lease a veh | t 1. Write that r                      | st in ar               | ny vehicles, v   | whether they are re  | egistered                | or not? In   | iclude any ve  | əhicles    |  |

Official Form 106A/B

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Debtor 1 Brian K. Neumann Case number (if known)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

| <ol> <li>Jewelry         Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches,         □ No     </li> </ol>   | gems, gold, silver                          |
|--|---|
| Clothing (300)   | \$300.00                                    |
| <ul> <li>11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe </li> </ul>   |   |
| <ul> <li>10. Firearms</li></ul>  |   |
| Misc (100)   | \$100.00                                    |
| <ul> <li>9. Equipment for sports and hobbies         Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; musical instruments         □ No         ■ Yes. Describe     </li> </ul>                    | canoes and kayaks; carpentry tools;         |
| <ul> <li>8. Collectibles of value         Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; star other collections, memorabilia, collectibles         ■ No         □ Yes. Describe     </li> </ul> | mp, coin, or baseball card collections;     |
| Misc (250)   | \$250.00                                    |
| <ul> <li>7. Electronics         Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; including cell phones, cameras, media players, games         No         Yes. Describe     </li> </ul>            | ; music collections; electronic devices     |
| Misc (1500)  | \$1,500.00                                  |
| □ No ■ Yes. Describe   |   |
| Household goods and furnishings     Examples: Major appliances, furniture, linens, china, kitchenware  | Do not deduct secured claims or exemptions. |
| Do you own or have any legal or equitable interest in any of the following items?  | Current value of the portion you own?       |
| Part 3: Describe Your Personal and Household Items   |   |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries fo pages you have attached for Part 2. Write that number here   | or<br>=> \$0.00                             |
| □ Yes  |   |
| ■ No   |   |
| 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories <i>Examples:</i> Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories                                | ies   |

Yes. Describe.....

Official Form 106A/B

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| Debto                       | or 1 Brian K. Neur   | nann                    |                                      | Cas   | e number (if known)     |   |
|-----------------------------|--|-------------------------|--------------------------------------|---|-------------------------|---|
|                             |  | Misc (40                | 00)                                  |   |                         | \$400.00  |
| E                           | on-farm animals<br>Examples: Dogs, cats, bi<br>No<br>Yes. Describe | rds, horse              | s                                    |   |                         |   |
|                             |  |                         |                                      | d not already list, including any health aids   | you did not list        |   |
| 15. A                       | Add the dollar value of<br>or Part 3. Write that no                | all of you<br>imber he  | ur entries from<br>re                | Part 3, including any entries for pages you   | have attached           | \$2,550.00  |
| Part 4                      | Describe Your Financia   | al Assets               |                                      |   |                         |   |
|                             |  |                         | itable interest                      | in any of the following?  |                         | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E.                          | xamples: Money you ha  |                         |                                      | nome, in a safe deposit box, and on hand wher   | 1 you file your petitio | n   |
| <i>E</i> :<br>□ :           | institutions. If   | you have                | ther financial ac<br>multiple accoun | counts; certificates of deposit; shares in credit its with the same institution, list each.  Institution name:  TD Bank Checking Acct#:6744 | unions, brokerage h     | ouses, and other similar  |
|                             |  | 17.2. <b>S</b>          | avings                               | TD Bank Savings Acct#: 9865   |                         | \$3,050.01  |
| <i>E</i> >                  |  | publicly t              | raded stocks                         | rokerage firms, money market accounts   |                         |   |
| 19. <b>No</b><br>joi<br>∎ N | int venture  | k and inte              | erests in incor                      | porated and unincorporated businesses, inc  | cluding an interest     | in an LLC, partnership, and   |
|                             | es. Give specific inform   |                         | out them<br>of entity:               |   | f ownership:            |   |
| Ne                          | egotiable instruments ind<br>on-negotiable instrumen               | clude pers              | onal checks, ca                      | otiable and non-negotiable instruments<br>ishiers' checks, promissory notes, and money on<br>ansfer to someone by signing or delivering the | orders.<br>m.           |   |
| □Y                          | es. Give specific inform   | ation abo               |                                      |   |                         |   |
| Ex<br>III                   | lo   | A, ERISA,               | Keogh, 401(k),                       | 403(b), thrift savings accounts, or other pensio  | n or profit-sharing pl  | ans   |
| ЦΥ                          | es. List each account s  | eparately.<br>Type of a | ccount:                              | Institution name:   |                         |   |

Official Form 106A/B

Schedule A/B: Property

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| Debtor 1                             | Brian K. N   | leumann  |  | Case number (if known)                      |   |
|--------------------------------------|--|--|--|---|---|
| Your<br><i>Exan</i><br>■ No          | share of all unu<br>nples: Agreeme                                       | and prepayments<br>used deposits you have made so that you<br>ents with landlords, prepaid rent, public          | utilities (electric, gas, water), tele                       | from a company<br>ecommunications companies | , or others   |
|                                      | S  |  | Institution name or individual:                              |   |   |
| 23. Annu<br>■ No                     | ities (A contrac   | ct for a periodic payment of money to yo   | ou, either for life or for a number                          | of years)                                   |   |
| ☐ Yes                                |  | Issuer name and description.   |  |   |   |
| 24. Interes<br>26 U.S<br>■ No        | sts in an educa<br>3.C. §§ 530(b)(1                                      | ation IRA, in an account in a qualified<br>1), 529A(b), and 529(b)(1).   |  |   | ım.   |
| ☐ Yes                                | i  | Institution name and description. Sepa   | arately file the records of any inte                         | erests.11 U.S.C. § 521(c):                  |   |
| ■ No                                 |  | future interests in property (other th   | an anything listed in line 1), a                             | nd rights or powers exercis                 | sable for your benefit  |
|                                      | -  | information about them   |  |   |   |
| 26. Paten<br>Exam<br>■ No            | ts, copyrights,<br>nples: Internet d                                     | , trademarks, trade secrets, and othe domain names, websites, proceeds from                                      | er intellectual property<br>n royalties and licensing agreem | ents  |   |
| ☐ Yes                                | . Give specific  | information about them   |  |   |   |
| Exam<br>■ No                         | <i>iples:</i> Building p   | s, and other general intangibles<br>permits, exclusive licenses, cooperative<br>information about them           | association holdings, liquor lice                            | nses, professional licenses                 |   |
|                                      |  |  | Bakka konta ilikuloje dan bilanga konta ili ili o            | ton and the second section is               | Gramont intro at the  |
|                                      |  | d to you?  |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                                      | funds owed to  |  |  |   | •   |
| ■ No                                 | Give engoific i  | nformation about them, including wheth   | server already filed the actions                             | and the charge                              |   |
| LJ 163.                              | . Give specific ii   | morniation about them, including wheth   | ier you arready med the returns a                            | and the tax years                           |   |
| ■ No                                 | y support<br>ples: Past due o<br>Give specific in                        | or lump sum alimony, spousał support,  | child support, maintenance, dive                             | orce settlement, property settl             | lement  |
| Exam <sub>i</sub><br>■ <sub>No</sub> | <i>ples:</i> Unpaid wa   | eone owes you ages, disability insurance payments, dis unpaid loans you made to someone els information          | sability benefits, sick pay, vacatio<br>e                    | חס pay, workers' compensatio                | on, Social Security   |
|                                      | sts in insuranc  |  |  |   |   |
|                                      |  | sability, or life insurance; health savings  | s account (HSA); credit, homeow                              | ner's, or renter's insurance                |   |
| ☐ Yes.                               | Name the insu  | rance company of each policy and list it<br>Company name:  |  |   |   |
|                                      |  | сопрану паше.  | Beneficia  | агу:  | Surrender or refund<br>value:   |
| If you a<br>somed<br>■ No            | terest in prope<br>are the benefici<br>one has died.<br>Give specific in | erty that is due you from someone what is due you from someone what is due trust, expect proceeds from formation | ho has died<br>om a life insurance policy, or are            | currently entitled to receive p             | property because  |

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| Debto         | or 1            | Brian K. Neumann   |                             | Case number (if known)      |                |
|---------------|-----------------|--|-----------------------------|-----------------------------|----------------|
| E             | xamp            | against third parties, whether or not you have filed a la<br>oles: Accidents, employment disputes, insurance claims, or    | wsuit or made a derr        | and for payment             | <del></del>    |
|               |                 |  |                             |                             |                |
| Ш             | Yes.            | Describe each claim  |                             |                             |                |
|               | ther o          | contingent and unliquidated claims of every nature, incl   | uding counterclaims         | of the debtor and rights to | set off claims |
|               | Yes.            | Describe each claim  |                             |                             |                |
|               | -               | ancial assets you did not already list   |                             |                             |                |
|               |                 | Give specific information  |                             |                             |                |
| ч             | res.            | Give specific mornation  |                             |                             |                |
| 36. A         | Add ti<br>or Pa | he dollar value of all of your entries from Part 4, includi<br>art 4. Write that number here                               | ng any entries for pa       | ges you have attached       | \$3,814.11     |
| Part 5:       | Des             | scribe Any Business-Related Property You Own or Have an Inte   | erest In. List any real est | ate in Part 1,              |                |
| 7. <b>Do</b>  | you o           | own or have any legal or equitable interest in any business-rela   | ted property?               |                             |                |
|               |                 | to Part 6.   |                             |                             |                |
| ΠY            | es G            | to to line 38.   |                             |                             |                |
|               |                 |  |                             |                             |                |
| Part 6;       |                 | scribe Any Farm- and Commercial Fishing-Related Property You<br>ou own or have an interest in farmland, list it in Part 1. | u Own or Have an Intere     | st in.                      |                |
| 6. <b>D</b> c | you             | own or have any legal or equitable interest in any farm-   | or commercial fishin        | ng-related property?        |                |
| _             | -               | Go to Part 7.  |                             | <b>3</b>                    |                |
|               | l Yes.          | Go to line 47.   |                             |                             |                |
|               |                 |  |                             |                             |                |
| Part 7:       |                 | Describe All Property You Own or Have an Interest in That Yo   | u Did Not List Above        |                             |                |
| 3. <b>D</b> o | you             | have other property of any kind you did not already list<br>les: Season tickets, country club membership                   | ?                           |                             |                |
| -/-<br>       |                 | ies. Geason deces, country clab membership   |                             |                             |                |
| -             |                 | Give specific information  |                             |                             |                |
|               |                 | ·  |                             | _                           |                |
| 54. A         | dd th           | ne dollar value of all of your entries from Part 7. Write th   | at number here              |                             | \$0.00         |
|               |                 |  |                             | _                           |                |
| Part 8:       |                 | List the Totals of Each Part of this Form  |                             |                             |                |
| 55. <b>P</b>  | art 1:          | : Total real estate, line 2  |                             |                             | \$426,100.00   |
|               |                 | : Total vehicles, line 5   | \$0.00                      |                             | Ψ+20,100.00    |
| 57. P         | art 3:          | : Total personal and household items, line 15  | \$2,550.00                  |                             |                |
| 58. <b>P</b>  | art 4:          | : Total financial assets, line 36  | \$3,814.11                  |                             |                |
| 59. <b>P</b>  | art 5:          | : Total business-related property, line 45   | \$0.00                      |                             |                |
| 30. <b>P</b>  | art 6:          | : Total farm- and fishing-related property, line 52  | \$0.00                      |                             |                |
| 31. P         | art 7:          | : Total other property not listed, line 54 +   | \$0.00                      |                             |                |
| 32. T         | otal p          | personal property. Add lines 56 through 61   | \$6,364.11                  | Copy personal property tot  | s6,364.11      |
| 33. <b>T</b>  | otal c          | of all property on Schedule A/B. Add line 55 + line 62   |                             |                             | \$432,464.11   |

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| Debtor 1            | Brian K. Neum           | ann                  |           |                   |                       |
|---------------------|-------------------------|----------------------|-----------|-------------------|-----------------------|
|                     | First Name              | Middle Name          | Last Name | · · · · · · · · · |                       |
| Debtor 2            |                         |                      |           |                   |                       |
| (Spouse if, filing) | First Name              | Middle Name          | Last Name |                   |                       |
| Case number         | ankruptcy Court for the | DISTRICT OF NEW JERS |           |                   |                       |
| (if known)          |                         |                      |           |                   | ☐ Check if this is an |

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.
  - ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own |     | Specific laws that allow exemption                              |                       |
|---|--|-----|---|-----------------------|
|   | Copy the value from Schedule A/B                                       | Che | eck only one box for each exemption                             |                       |
| 2215 Vermont Avenue Toms River, NJ 08755 Ocean County                               | \$426,100.00   |     | \$0.00  | 11 U.S.C. § 522(d)(1) |
| Line from Schedule A/B: 1.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Misc (1500) Line from Schedule A/B: 6.1   | \$1,500.00   |     | \$1,500.00  | 11 U.S.C. § 522(d)(3) |
|   |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Misc (250) Line from Schedule A/B: 7.1  | \$250.00   |     | \$250.00  | 11 U.S.C. § 522(d)(3) |
| Zine nom constant yv2. 111  |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Misc (100)<br>Line from <i>Schedule A/B</i> : <b>9.1</b>                            | \$100.00   |     | \$100.00  | 11 U.S.C. § 522(d)(5) |
|   |  |     | 100% of fair market value, up to any applicable statutory limit |                       |
| Clothing (300)<br>Line from Schedule A/B: 11.1                                      | \$300.00   |     | \$300.00  | 11 U.S.C. § 522(d)(3) |
| and its in Solidate Page 1111   |  |     | 100% of fair market value, up to any applicable statutory limit |                       |

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| Denic      | Brian K. Neumann   |   |  | Case number (if known   | )                                  |  |
|------------|--|---|--|---|------------------------------------|--|
|            | rief description of the property and line on<br>chedule A/B that lists this property | Current value of the portion you own                |  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|            |  | Copy the value from<br>Schedule A/B                 | Che  | eck only one box for each exemption                             |                                    |  |
|            | lisc (400)<br>ine from <i>Schedule A/B</i> : 12.1                                    | \$400.00  |  | \$400.00  | 11 U.S.C. § 522(d)(4)              |  |
|            |  |   |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|            | hecking: TD Bank Checking  | \$764.10  |  | \$764.10  | 11 U.S.C. § 522(d)(5)              |  |
| Li         | ne from Schedule A/B: 17.1   |   | 100% of fair market value, up to<br>any applicable statutory limit |   |                                    |  |
|            | avings: TD Bank Savings Acct#:   | \$3,050.01  |  | \$3,050.01  | 11 U.S.C. § 522(d)(5)              |  |
|            | ne from Schedule A/B: 17.2   |   |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. A<br>(S | re you claiming a homestead exemption<br>Subject to adjustment on 4/01/19 and every  | of more than \$160,379<br>3 years after that for ca | 5?<br>ises fi  | led on or after the date of adjustmen                           | nt)                                |  |
| _          | Yes. Did you acquire the property cover  | red by the exemption wi                             | thin 1   | .215 days before you filed this case                            | ?                                  |  |
|            | □ No   |   |  |   |                                    |  |
|            | ☐ Yes  |   |  |   |                                    |  |

## Case 17-34928-MBK Doc 11 Filed 12/28/17 Entered 12/28/17 17:31:41 Desc Main Document Page 10 of 33

| Debtor 2 (Spouse it filling) First Name  Middle Name Last Name  United States Bankruptoy Court for the: DISTRICT OF NEW JERSEY  Case number (# Innown)  Case number  Case numb       |   |  | Document   | i agc                        | 10 01 3                 | 33                                    |  |                                      |
|--|---|--|--|------------------------------|-------------------------|---------------------------------------|--|--------------------------------------|
| Debtor 2 (Socuse 1, filling) First Name  United States Bankruptory Court for the:  DISTRICT OF NEW JERSEY  Case number  (If known)  Districtal Form 106D  Schedule D: Creditor's Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unumber (if known)  Possible List All Secured Claims  2. List all secured claims, if a creditor has a more than one secured dailin, list the creditor separately for each claim. If more shan one certoid has a pariculaer claim, list the other creditor's name.  Possible List All Secured Claims  2.1 SN Servicing Corporation  Creditor's Name  13702 Coursey  Boulevard  Building 2  Bation Rouge, LA 70817  Number, Street, Ity, State & Zp Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 1 and Debtor 2 only  An agreement you made (such as tax len, mechanics lien)  State debt was incurred  Last 4 digits of account number  Last 4 digits of account number  Last 4 digits of account number   | Fill in this information                                | to identify you  | ır case:   |                              | 1                       |                                       |  |                                      |
| Debtor 2 First Name  | Debtor 1 Bri  | ian K. Neuma   | enn  |                              |                         |                                       |  |                                      |
| United States Bankruptcy Court for the:  DISTRICT OF NEW JERSEY    Check if this is an armended filing   |   | : Name   | Middle Name  | Last Name                    | _                       |                                       | -  |                                      |
| United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY    Case number   Check if this is an amended filling  |   | Name   | Middle Name  | Last Name                    | ,                       |                                       | -  |                                      |
| Case number    Check if this is an amended filing   Check if this is an amended filing filing to the order of an alwaysuit   Check if this is an amended filing filing the depth of a secure of an amended filing fil       | United States Bankrunte                                 | ou Court for tho   |  | ,                            |                         |                                       |  |                                      |
| Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unmber (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes, Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims, if a creditor has an particular claim, list the order creditors in Part 2. As possible, list the claims in alphabetical order according to the creditor's name.  13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817 Number, Sheat, City, State & Zip Cote NJ 08755 Ocean Country  Describe the property that secures the claim:  2215 Vermont Avenue Toms River, NJ 08755 Ocean Country  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As a greement you made (such as mortgage or secured car least one of the debtors and another claims claim relates to a community debt  Detect of the date tors and another check it this is an ammended thing correct information. If more spaces upplying correct information. If more spaces upplying correct information. If more spaces upplying correct information. If more spaces, write your name and case unmber of the reditors and another claims and the count with your other schedules. You have nothing else to report on this form.  Column A. Amount of claim another claim is the creditor separately.  Yalue of collateral that supports this value of collateral that supports this claim.  \$551,268.89  \$125,168.89  \$125,168.89  \$125,168.89  \$126,100.00  \$127 Column B. Column C. Column B. Amount of claim and the claim is the | Officed States Danki upto                               | sy Court for line.   | DISTRICT OF NEW JERSET   | _                            |                         | · · · · · · · · · · · · · · · · · · · | -  |                                      |
| Schedule D: Creditors Who Have Claims Secured by Property  21/15  Se as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unmber (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  Yes. Fill in all of the information below.  Part 2: List all secured claims, if a creditor has more than one secured claim, list the other creditors in Pat 2 . As a particular claim, if the other creditors in Pat 2 . As a particular claim in alphabetical order according to the creditor's name.  So of the date claims in alphabetical order according to the creditor's name.  Describe the property that secures the claim:  \$551,288.89  Column C  Unsecured portion telaim bon to deduct the value of collateral       | Case number (if known)                                  |  |  |                              |                         |                                       | _  |                                      |
| Re as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unmber (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Test All Secured Claims  2. List all secured claims, if a creditor has more than one secured claim, list the order creditors separately for each claim. If more than one creditor has a particular claim, list the other creditor's name.  2. Is So Servicing Corporation  Creditor's Name  Describe the property that secures the claims:  2. So Servicing Corporation  Creditor's Name  Describe the property that secures the claim:  2. So Servicing Corporation  Creditor's Name  Describe the property that secures the claim:  2. So Servicing Corporation  Creditor's Name  Describe the property that secures the claim:  2. So Servicing Corporation  Creditor's Name  Describe the property that secures the claim:  2. So Servicing Corporation  Creditor's Name  Describe the property that secures the claim:  2. So Servicing Corporation  Creditor's Name  Describe the property that secures the claim:  \$551,268.89  2. So Servicing Corporation  Creditor's Name  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Check if this c      | Official Form 106                                       |  |  |                              |                         |                                       | aner   | ideu illing                          |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unumber (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured daim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditors name.  2. List all secured claims in alphabetical order according to the creditor's name.  2. S Servicing Corporation  Creditors Name  13702 Coursey  Boulevard  Building 2  Baton Rouge, LA 70817  Number, Street. City, State & Zp Code  Who owes the debt? Check one.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtors and another call of the c       |   | <del></del>  | Who Have Claims  | Secure                       | ed by                   | Propert                               | y  | 12/15                                |
| Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List All Secured Claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor's name.  2.1 SN Servicing Corporation  Creditor's Name  13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817  Number, Street, City, State & Zp Code  Who owes the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only As a greenment you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Date debt was incurred  Last 4 digits of account number  Last 4 digits of account number  Calcumn A Amount of claim Amount of claim Do not deduct the value of collateral. S\$51,268.89  Value of collateral. Amount of claim Do not deduct the value of collateral. S\$51,268.89  Value of collateral. S\$51,268.89  Value of collateral. S\$521,268.89  S426,100.00  S426,1   | is needed, copy the Additi                              | ate as possible. I<br>onal Page, fill it c   | If two married people are filing toge<br>out, number the entries, and attach   | ther, both are o             | equally re<br>On the to | sponsible for so<br>p of any additio  | upplying correct inform<br>nal pages, write your n | ation. If more space<br>ame and case |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As proceed the claims in alphabetical order according to the creditor's name.  2.1 SN Servicing Corporation Creditor's Name  13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Who owes the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 and Debtor 2 only As least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number   | , ,   | laims secured by   | your property?   |                              |                         |                                       |  |                                      |
| Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the order creditors in Part 2. As mount of claim Do not deduct the value of collateral that supports this claim and the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim bo not deduct the value of collateral that supports this claim claim shall be not deduct the value of collateral that supports this claim claim shall be not deduct the value of collateral that supports this claim claim. S551,268.89  22.1 SN Servicing Corporation  Creditor's Name  13702 Coursey  Boulevard  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check al       | -   | •  |  | er schedules.                | You have                | e nothina else t                      | to report on this form.                            |                                      |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim bon ot deduct the value of collateral that supports this claim on other creditors name.  2.1 SN Servicing Corporation  Creditor's Name  13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Date debt was incurred  Last 4 digits of account number   |   |  |  |                              |                         | •                                     |  |                                      |
| for each claim. If more than one creditor has a particular claim, list the creditors in Part 2. As claim. If more than one creditor has a particular claim, list the order creditors in Part 2. As particular claim, list the order creditors in Part 2. As Do not deduct the value of collateral value of collate       | Part 1: List All Secu                                   | red Claims   |  |                              |                         |                                       |  |                                      |
| much as possible, list the claims in alphabetical order according to the creditor's name.  2.1 SN Servicing Corporation  Creditor's Name  13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Describe the property that secures the claim:  2.215 Vermont Avenue Toms River,  NJ 08755 Ocean County  As of the date you file, the claim is: Check ell that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number   | 2. List all secured claims.                             | If a creditor has n  | nore than one secured claim, list the c  | reditor separate             | ely Colu                | ımn A                                 | Column B   | Column C                             |
| Creditor's Name  13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim relates to a community debt  Date debt was incurred  2215 Vermont Avenue Toms River, NJ 08755 Ocean County  As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien) Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien) Undigment lien from a lawsuit Other (including a right to offset)  Mortgage  Last 4 digits of account number  | much as possible, list the cl                           | laims in alphabetic  |  |                              | Do r                    | not deduct the                        | that supports this                                 | portion                              |
| 13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number    NJ 08755 Ocean County   As of the date you file, the claim is: Check all that apply.   Contingent   Unliquidated   Disputed   Nature of lien. Check all that apply.   An agreement you made (such as mortgage or secured car loan)   Statutory lien (such as tax lien, mechanic's lien)   Judgment lien from a lawsuit   Other (including a right to offset)   Mortgage  |   | orporation   | · · · · · · · · · · · · · · · · · · ·  |                              | \$                      | 551,268.89                            | \$426,100.00                                       | _\$125,168.89                        |
| Boulevard Building 2 Baton Rouge, LA 70817  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Mortgage  Last 4 digits of account number   |   |  | I .  | is River,                    |                         |                                       |  |                                      |
| Baton Rouge, LA 70817    Contingent   Contingent   Unliquidated   Disputed   | Boulevard   |  |  | Charle all that              |                         |                                       |  | •                                    |
| Number, Street, City, State & Zip Code    Unliquidated   Disputed  |   | A 70817  | apply.   | . Check all that             |                         |                                       |  |                                      |
| Who owes the debt? Check one.  □ Disputed Nature of lien. Check all that apply. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Mortgage □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number  |   |  |  |                              |                         |                                       |  |                                      |
| Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit  Mortgage  Last 4 digits of account number  | rismost, Cacci, Oity, Cia                               | 10 d 2p 000e   |  |                              |                         |                                       |  |                                      |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Date debt was incurred Last 4 digits of account number  | Who owes the debt? Che                                  | ack one.   | Nature of lien. Check all that apply.  |                              |                         |                                       |  |                                      |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Date debt was incurred □ Last 4 digits of account number □ Last 4 digi        | Debtor 1 only   |  |  | mortgage or s                | ecured                  |                                       |  |                                      |
| ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt  |   |  | _  |                              |                         |                                       |  |                                      |
| Check if this claim relates to a community debt  Date debt was incurred  Last 4 digits of account number   |   |  |  | echanic's lien)              |                         |                                       |  |                                      |
| community debt  Date debt was incurred Last 4 digits of account number   | _   |  |  | Mortgage                     | •                       |                                       |  |                                      |
|  |   |  | — Other (modeling a right to onset)  |                              |                         |                                       |  | <del></del>                          |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$551 268 89  | Date debt was incurred _                                |  | Last 4 digits of account num   | nber                         |                         |                                       |  |                                      |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$551 268 89  |   |  |  |                              |                         |                                       |  |                                      |
| and the control of th       |   | and the second s |  | and the second of the second |                         | \$551,26                              | 8.89   |                                      |
| If this is the last page of your form, add the dollar value totals from all pages.  Write that number here:  \$551,268.89  |   |  | he dollar value totals from all pages  | <b>.</b>                     |                         | \$551,26                              | 8.89   |                                      |
| Part 2: List Others to Be Notified for a Debt That You Already Listed  | Part 2: List Others to                                  | Po Notified for  | a Dobt That You Alroady Liston   |                              |                         |                                       |  |                                      |
| Jse this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is  |   | **************************************   | The state of the s |                              |                         | Hadad in Bad 4                        |  |                                      |
| this page only it you have others to be notified about your bankruptcy for a debt that you already issed in Part 1, For example, if a collection agency is rying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more han one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any lebts in Part 1, do not fill out or submit this page.  | trying to collect from you than one creditor for any of | for a debt you ow<br>of the debts that :   | ve to someone else, list the creditor<br>you listed in Part 1, list the addition   | in Part 1, and               | then list t             | he collection ac                      | ency here. Similarly, if                           | vou have more                        |
|  | П   |  | • •  |                              |                         |                                       |  |                                      |
| Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.1  Friedman Vartolo LLP   |   | -  | ip Code  | On wh                        | nich line in            | Part 1 did you er                     | nter the creditor? 2.1                             |                                      |
| 85 Broad Street Last 4 digits of account number  |   | t  |  | Last 4                       | digits of a             | ccount number_                        | _  |                                      |
| Suite 501<br>New York, NY 10040  |   | 10040  |  |                              |                         |                                       |  |                                      |

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| Debtor 1       | Brian K. Neuma  | ann                |           | Case number (if know)                                    |
|----------------|---|--------------------|-----------|--|
|                | First Name  | Middle Name        | Last Name |  |
| O:<br>12<br>P. | ime, Number, Street, Ci<br>cean County She<br>20 Hooper Avenu<br>O. Box 2191<br>oms River, NJ 087 | riff's Office<br>e |           | On which line in Part 1 did you enter the creditor? _2.1 |

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|  |  | Docum   | ient Page 12   | 0.00  |  |  |  |
|--|--|---|--|---|--|--|--|
| Fill in this infor   | rmation to identify your o   | case:   |  |   |  |  |  |
| Debtor 1   | Brian K. Neumanr   | 1   |  | •   |  |  |  |
|  | First Name   | Middle Name   | Last Name  |   | -  |  |  |
| Debtor 2   |  |   |  |   |  |  |  |
| (Spouse if, filing)  | First Name   | Middle Name   | Last Name  |   |  |  |  |
| United States Ba   | ankruptcy Court for the:   | DISTRICT OF NEW JE  | RSEY   |   |  |  |  |
| Case number  |  |   |  |   |  |  |  |
| (if known)   |  |   |  |   |  | Check if                                       |  |
|  | m 106E/F<br>E/F: Creditors W<br>nd accurate as possible. Use   |   |  | 2 for a size of the | WONED TO DITTY   |  | 12/15  |
| any executory con<br>Schedule G: Execu<br>Schedule D: Credi  | ntracts or unexpired leases to<br>utory Contracts and Unexpi<br>itors Who Have Claims Secu<br>ntinuation Page to this page   | that could result in a claim.<br>red Leases (Official Form 1<br>ıred by Property. If more sp  | <ul> <li>Also list executory cont<br/>106G). Do not include any<br/>pace is needed, copy the l</li> </ul>  | racts on Schedule A<br>creditors with partia<br>Part vou need, fill it o  | B: Property (O<br>lly secured cla<br>out, number the         | fficial Form<br>ims that are<br>e entries in t | 106A/B) and on<br>listed in<br>he boxes on the |
| name and case nu   | ımber (if known).  | -   |  |   |  |  |  |
| ame and case nu  | ımber (if known).<br>All of Your PRIORITY Uns  |   |  |   |  |  |  |
| Part 1: List A   | ` ,  | secured Claims  |  |   |  |  |  |
| Part 1: List A   | All of Your PRIORITY Unstors have priority unsecured   | secured Claims  |  |   |  |  |  |
| Part 1: List A  1. Do any credit   | All of Your PRIORITY Unstors have priority unsecured   | secured Claims  |  |   |  |  |  |
| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, list the  | All of Your PRIORITY Unstors have priority unsecured   | secured Claims I claims against you?  If a creditor has more than a south priority and nonpriority a coording to the creditor's n   | one priority unsecured clain<br>v amounts, list that claim he<br>name. If you have more thar   | n, list the creditor sepa<br>e and show both prior  | ity and nonprior   | itv amounts.                                   | As much as                                     |
| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, iist the Part 1. If more  | All of Your PRIORITY Unstors have priority unsecured Part 2.  If priority unsecured claims up of claim it is. If a claim has ne claims in alphabetical order   | secured Claims I claims against you?  If a creditor has more than a both priority and nonpriority according to the creditor's noticular claim, list the other creditor creditor creditor claim.   | one priority unsecured clain<br>/ amounts, list that claim he<br>name. If you have more thar<br>editors in Part 3.   | i, list the creditor sepa<br>e and show both prior<br>two priority unsecure   | ity and nonprior   | itv amounts.                                   | As much as                                     |
| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, list the Part 1. If more  | tors have priority unsecured Part 2.  If priority unsecured claims upe of claim it is. If a claim has the claims in alphabetical order than one creditor holds a part  | secured Claims I claims against you?  If a creditor has more than a both priority and nonpriority according to the creditor's noticular claim, list the other creditor creditor creditor claim.   | one priority unsecured clain<br>/ amounts, list that claim he<br>name. If you have more thar<br>editors in Part 3.   | i, list the creditor sepa<br>e and show both prior<br>two priority unsecure   | ity and nonprior   | ity amounts.<br>the Continua                   | As much as                                     |
| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, list the Part 1. If more  (For an explanate)  1. Interna  | All of Your PRIORITY Unstors have priority unsecured claims upe of claim it is. If a claim has the claims in alphabetical order than one creditor holds a paralation of each type of claim, so all Revenue Service   | secured Claims I claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's in ticular claim, list the other cree the instructions for this for  | one priority unsecured clain<br>/ amounts, list that claim he<br>name. If you have more thar<br>editors in Part 3.   | n, list the creditor sepa<br>e and show both prior<br>n two priority unsecure   | ity and nonprior<br>d claims, fill out<br>Priority<br>amount | ity amounts.<br>the Continua                   | As much as ation Page of onpriority            |
| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, list the Part 1. If more  (For an explant of the Priority Cression of th | All of Your PRIORITY Unstors have priority unsecured claims upe of claim it is. If a claim has the claims in alphabetical order than one creditor holds a paratton of each type of claim, so all Revenue Service reditor's Name by 7346  | secured Claims I claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's in ticular claim, list the other create the instructions for this for  | one priority unsecured claim<br>/ amounts, list that claim her<br>name. If you have more than<br>editors in Part 3.<br>m in the instruction booklet.   | n, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)<br>Total claim   | ity and nonprior d claims, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |
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| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, list the Part 1. If more  (For an explant of the Priority Cression of th | All of Your PRIORITY Unstors have priority unsecured claims upe of claim it is. If a claim has the claims in alphabetical order than one creditor holds a parattion of each type of claim, so all Revenue Service reditor's Name by 7346 elphia, PA 19101  | secured Claims I claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's in ticular claim, list the other cree the instructions for this for Last 4 digits of When was the  | one priority unsecured claim<br>/ amounts, list that claim he<br>name. If you have more than<br>editors in Part 3.<br>m in the instruction booklet.<br>f account number  | n, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)<br>Total claim<br>Unknow   | ity and nonprior d claims, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |
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| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, list th Part 1. If more  (For an explan)  2.1 Interna  Priority Cr  P.O Bo  Philade  Number S  Who incurre  | All of Your PRIORITY Unstors have priority unsecured claims upe of claim it is. If a claim has ne claims in alphabetical order than one creditor holds a paratition of each type of claim, so all Revenue Service reditor's Name by 7346 elphia, PA 19101 Street City State Zip Code and the debt? Check one.  | secured Claims It claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's not claim, list the other creditor the instructions for this for the last 4 digits of the was the As of the date of Contingent  | one priority unsecured claim y amounts, list that claim her name. If you have more than editors in Part 3. rm in the instruction booklet. f account number debt incurred? you file, the claim is: Chec   | n, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)<br>Total claim<br>Unknow   | ity and nonprior d claims, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |
| Part 1: List A  1. Do any credit  No. Go to f  Yes.  2. List all of you identify what ty possible, list the Part 1. If more  (For an explan)  Priority Cr  P.O Bo  Philade  Number S  Who incurre  Debtor 1 c  | All of Your PRIORITY Uniters have priority unsecured claims upon of claim it is. If a claim have claims in alphabetical order than one creditor holds a partiation of each type of claim, so all Revenue Service reditor's Name ox 7346 eliphia, PA 19101 Street City State Zip Code at the debt? Check one.   | secured Claims I claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's in ticular claim, list the other cree the instructions for this for  Last 4 digits of  When was the  As of the date of the contingent  Unliquidated  Disputed                                      | one priority unsecured claim y amounts, list that claim her name. If you have more than editors in Part 3. rm in the instruction booklet. f account number debt incurred? you file, the claim is: Chec   | n, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)<br>Total claim<br>Unknow   | ity and nonprior d claims, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |
| Part 1: List A  1. Do any credit  \[ \begin{align*} \text{No. Go to f} \\ \text{Ves.}  2. List all of you identify what ty possible, list if Part 1. If more  (For an explant)  2.1 Interna  Priority Cr  P.O Bo  Philade  Number S  Who incurre  \[ \begin{align*} \text{Debtor 1 c} \\ \text{Debtor 1 c} \end{align*}  Debtor 1 c  | All of Your PRIORITY Unstors have priority unsecured claims upe of claim it is. If a claim has ne claims in alphabetical order than one creditor holds a paratition of each type of claim, so all Revenue Service reditor's Name by 7346 elphia, PA 19101 Street City State Zip Code and the debt? Check one.  | secured Claims It claims against you?  If a creditor has more than a both priority and nonpriority according to the creditor's not ticular claim, list the other creditor active the instructions for this for the was the light against the contingent Contingent Disputed Type of PRIOR   | one priority unsecured claim y amounts, list that claim her name. If you have more than editors in Part 3. m in the instruction booklet. f account number debt incurred? you file, the claim is: Check   | n, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)<br>Total claim<br>Unknow   | ity and nonprior d claims, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |
| Part 1: List A  1. Do any credit  \[ \text{No. Go to f} \]  Yes.  2. List all of you identify what ty possible, list the Part 1. If more  (For an explant of Priority Cr. P.O. Bo. Philade Number S. Who incurre \[ \text{Debtor 1 c} \]  \[ At least or compare the priority of the philade of th       | All of Your PRIORITY Uniters have priority unsecured claims upe of claim it is. If a claim have claims in alphabetical order than one creditor holds a parattion of each type of claim, so all Revenue Service reditor's Name by 7346 elphia, PA 19101 Street City State Zip Code and the debt? Check one.  only only and Debtor 2 only ne of the debtors and another  | secured Claims It claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's not claim, list the other create the instructions for this for the was the Contingent  As of the date of Contingent Unliquidated Type of PRIOR Domestic su  | one priority unsecured claim amounts, list that claim her lame. If you have more than editors in Part 3. I'm in the instruction booklet. If account number debt incurred? I you file, the claim is: Checklet. If account number debt incurred?   | i, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)<br>Total claim<br>Unknow   | ity and nonprior d claims, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |
| Part 1: List A  1. Do any credit  \[ \begin{align*} \text{No. Go to f} \\ \text{Yes.}  2: List all of you identify what ty possible, list the Part 1. If more  (For an explan)  2.1 Interna  Priority Cr  P.O Bo  Phillade  Number S  Who incurre  \[ \begin{align*} \text{Debtor 1 c} \\ Check if if the content of the content        | All of Your PRIORITY Uniters have priority unsecured claims upe of claim it is. If a claim have claims in alphabetical order than one creditor holds a paralation of each type of claim, so all Revenue Service reditor's Name ox 7346 elphia, PA 19101  Street City State Zip Code at the debt? Check one. only only and Debtor 2 only ne of the debtors and another this claim is for a community.   | secured Claims I claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's in ticular claim, list the other cree the instructions for this for  Last 4 digits of  When was the  As of the date of the contingent  Unliquidated Type of PRIOR Domestic suity debt  Taxes and c | one priority unsecured claim amounts, list that claim her name. If you have more than editors in Part 3.  In in the instruction booklet.  If account number debt incurred?  You file, the claim is: Check the claim is: check the claim: apport obligations sertain other debts you owe  | i, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)  Total claim  Unknow  ck all that apply  | ity and nonprior dictains, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |
| Part 1: List A  1. Do any credit  \[ \begin{align*} \text{No. Go to f} \\ \text{Yes.}  2: List all of you identify what ty possible, list the Part 1. If more  (For an explan)  2.1 Interna  Priority Cr  P.O Bo  Phillade  Number S  Who incurre  \[ \begin{align*} \text{Debtor 1 c} \\ Check if if the content of the content        | All of Your PRIORITY Uniters have priority unsecured claims upe of claim it is. If a claim have claims in alphabetical order than one creditor holds a parattion of each type of claim, so all Revenue Service reditor's Name by 7346 elphia, PA 19101 Street City State Zip Code and the debt? Check one.  only only and Debtor 2 only ne of the debtors and another  | secured Claims I claims against you?  If a creditor has more than a south priority and nonpriority according to the creditor's in ticular claim, list the other cree the instructions for this for  Last 4 digits of  When was the  As of the date of the contingent  Unliquidated Type of PRIOR Domestic suity debt  Taxes and c | one priority unsecured claim amounts, list that claim her name. If you have more than editors in Part 3. Im in the instruction booklet. If account number debt incurred?  you file, the claim is: Check the ch | i, list the creditor sepa<br>e and show both prior<br>two priority unsecure<br>)  Total claim  Unknow  ck all that apply  | ity and nonprior dictains, fill out Priority amount          | ity amounts,<br>the Continua<br>N<br>a         | As much as ation Page of onpriority mount      |

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| Debtor 1 Bria  | an K.  | Neumann  |   | Case                     | number (if know)  |  |                                |
|--|--|--|---|--------------------------|---|--|--------------------------------|
| Priority   | Credito<br>ruptcy  | on of Taxation 's Name y Section 45  | Last 4 digits of account number   |                          | Unknown   | \$0.00                                       | \$0.00                         |
|  |  | J 08695  |   |                          |   |  |                                |
|  |  | City State Zlp Code debt? Check one.   | As of the date you file, the claim is                                   | : Check a                | II that apply   |  |                                |
| ■ Debtor   |  | dust. Official offic.  | ☐ Contingent  |                          |   |  |                                |
|  | -  |  | ☐ Unliquidated  |                          |   |  |                                |
| ☐ Debtor   | •  |  | ☐ Disputed  |                          |   |  |                                |
| _  |  | ebtor 2 only   | Type of PRIORITY unsecured claim  | 1;                       |   |  |                                |
|  |  | the debtors and another  | ☐ Domestic support obligations  |                          |   |  |                                |
|  |  | laim is for a community debt   | Taxes and certain other debts you                                       |                          |   |  |                                |
|  | n subje  | ct to offset?  | Claims for death or personal injury                                     |                          |   |  |                                |
| ■ No<br>□ Yes  |  |  | Other. Specify  | <u> </u>                 | <del></del>   |  |                                |
|  |  |  |   |                          |   |  |                                |
| Part 2: List   | All of   | Your NONPRIORITY Unsecu  | ıred Claims   |                          |   |  |                                |
| 3. Do any cred   | litors h   | ave nonpriority unsecured claim  | ns against you?   |                          |   |  |                                |
| No. You l  | have no  | thing to report in this part. Submit   | this form to the court with your other sch                              | redules.                 |   |  |                                |
| ☐ Yes.   |  |  | ·   |                          |   |  |                                |
|  | •  | s to Be Notified About a Deb   |   |                          |   |  |                                |
| is trying to conhave more than notified for an Part 4: Add | llect from the control of the contro | om you for a debt you owe to so<br>creditor for any of the debts that<br>in Parts 1 or 2, do not fill out ou<br>mounts for Each Type of Un | secured Claim   | n Parts 1<br>litional cr | or 2, then list the collectic<br>editors here. If you do no | on agency here. Sim<br>t have additional per | illarly, if you<br>rsons to be |
| <ol><li>Total the amore<br/>type of unsect</li></ol>       | unts of<br>ured cla  | certain types of unsecured clair<br>im.  | ms. This information is for statistical                                 | reporting                | purposes only. 28 U.S.C.                                    | §159. Add the amou                           | ints for each                  |
|  | 6a.  | Domestic support obligations   |   | 6a.                      | Total Claim   | 0.00   |                                |
| Total<br>claims  |  |  |   |                          |   |  |                                |
| from Part 1  | 6b.  |  | •   | 6b.                      | \$  | 0.00   |                                |
|  | 6c.<br>6d.   |  | njury while you were intoxicated ecured claims. Write that amount here. | 6c.<br>6d.               | \$<br>\$  | 0.00   |                                |
|  | ou.  | Other Add an other profity and   | source claims. Write that amount here.                                  | 04.                      | <b>a</b>  | 0.00   |                                |
|  | 6e.  | Total Priority. Add lines 6a thro  | ugh 6d.   | 6e.                      | \$  | 0.00   |                                |
|  |  | •  |   |                          |   | 0.00   |                                |
|  |  |  | •   |                          | Total Claim   | ·  |                                |
| Total  | 6f.  | Student loans  |   | 6f.                      | \$  | 0.00   |                                |
| Total<br>claims  |  |  |   |                          |   |  |                                |
| from Part 2  | 6g.  | Obligations arising out of a se<br>you did not report as priority of   | paration agreement or divorce that                                      | 6g.                      | \$  | 0.00   |                                |
|  | 6h.  | Debts to pension or profit-sha   | ring plans, and other similar debts                                     | 6h.                      | \$  | 0.00   |                                |
|  | 6i.  | Other. Add all other nonpriority there.  | unsecured claims. Write that amount                                     | 6í.                      | \$  | 0.00   |                                |
|  |  |  |   |                          |   |  |                                |
| 28 11 14 9 3   | 6j.  | Total Nonpriority. Add lines 6f t  | hrough 6i.  | 6j.                      | \$  | 0.00   |                                |

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|                                 | mation to identify your  | case.                  |           |      |                                    |
|---------------------------------|--------------------------|------------------------|-----------|------|------------------------------------|
| Debtor 1                        | Brian K. Neuman          | n                      |           |      |                                    |
|                                 | First Name               | Middle Name            | Last Name | <br> |                                    |
| Debtor 2                        |                          |                        |           |      |                                    |
| (Spouse if, filing)             | First Name               | Middle Name            | Last Name | <br> |                                    |
| United States Ba<br>Case number | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           | <br> |                                    |
| (if known)                      |                          |                        |           |      | Check if this is ar amended filing |

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 AT&T C/O Bankruptcy 1801 Valley View Lane Dallas, TX 75234 **Cell Phone Contract** 

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|                                |  | Docum  | ient Page 15 of   | 33  |   |
|--------------------------------|--|--|---|---|---|
| Fill in this                   | information to identify your                                     | case:  |   |   |   |
| Debtor 1                       | Brian K. Neuman  | ın   |   |   |   |
| Dahtaro                        | First Name   | Middle Name  | Last Name   |   |   |
| Debtor 2<br>(Spouse if, filing | g) First Name  | Middle Name  | Last Name   |   |   |
| United State                   | es Bankruptcy Court for the:                                     | DISTRICT OF NEW J  | ERSEY   |   |   |
| Case numb<br>(if known)        | er   |  |   |   | ☐ Check if this is an amended filing  |
| Sched                          | filing together, both are equ                                    | re also liable for any de                                  | plying correct information                                | n. If more space is ne  | 12/15 te as possible. If two married eded, copy the Additional Page, of any Additional Pages, write       |
| our name a                     | and case number (if known  | . Answer every question                                    | n.  |   | or any Additional Pages, write  |
| 1. Do y                        | ou have any codebtors? (If                                       | you are filing a joint case,                               | do not list either spouse as                              | a codebtor.   |   |
| ■ No<br>□ Yes                  |  |  |   |   |   |
| <b>2. With</b> i<br>Arizona    | in the last 8 years, have you<br>n, California, Idaho, Louisiana | ı <b>lived in a community p</b><br>, Nevada, New Mexico, P | roperty state or territory?<br>uerto Rico, Texas, Washing | (Community property ton, and Wisconsin.)                        | states and territories include  |
| _                              | Go to line 3. Did your spouse, former spor                       | use, or legal equivalent liv                               | re with you at the time?                                  |   |   |
| in line 2                      | 2 again as a codebtor only i<br>06D), Schedule E/F (Official     | f that person is a guara                                   | ntor or cosigner. Make su                                 | e you have listed the   | with you. List the person shown<br>creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill |
| C<br>Na                        | olumn 1: Your codebtor<br>ame, Number, Street, City, State and Z | P Code   |   | Column 2: The cred<br>Check all schedules                       | litor to whom you owe the debt that apply:  |
| 3.1 N                          | ame  |  |   | ☐ Schedule D, line<br>☐ Schedule E/F, lin<br>☐ Schedule G, line |   |
|                                | umber Street<br>ity  | State  | ZIP Code  |   |   |
| 3.2 N                          | ame  |  |   | ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐        | e   |
|                                | umber Street ity   | State  | ZIP Code  |   |   |

| supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, attach a separate to this form.  Employers  Cocupation Pages Manager  Cashler  Norwood Auto Parts LLC  PerImart of Manchester/Shoprite  Route 70  Manchester Township, NJ 08759  How long employed there?  9 months  2 years 4 months  2 years 4 months  1 you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form.  For Debtor 2 or rion-filing spouse  List monthly gross wages, salary, and commissions (before all payroll  |                    |  |  |   |                    |                  |  |                       |                              |                  |
|--|--------------------|--|--|---|--------------------|------------------|--|-----------------------|------------------------------|------------------|
| Debtor 2 (Soouse, if filing)  United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY  Case number (If frown)  Official Form 106   Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for spouse. If you are separated and your spouse is living with you, from the formation about your spouse. If you are separated and your spouse is not filing with you, do not include Information about your spouse. If you are separated and your spouse is not filing with you, do not include Information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question the filing your spouse is living with you, do not include Information about your spouse. If more space is needed, the filing your spouse is living with you, from the filing your spouse. If more space is needed, the filing your spouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse is living with you, for the filing your pouse in living your your filing spouse have more than one employer, combine the Information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 For pouse in the filing your your found filing your pouse in the monthily overtime pay. | Fil                | in this information to identify your   | case:  |   |                    |                  |  |                       |                              |                  |
| United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY  Case number (**Nove**)  Official Form 106   Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing jointly, and your spouse is living with you, include information about your spouses. If you are separated and your spouse is not filing with you, do not include information about your spouses. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question to the spouse is not filing with you, do not include information about your spouse. If more space is needed, if you have more than one job, attach a separate age with information about additional employers.  Include part-line, seasonal, or self-employed work.  Occupation Asst Manager  Occupation Asst Manager  Cashier  Employer's address And Manager  Cashier  For Details About Monthly Income  Stimate and list Monthly income as of the date you file this form. If you have nothing to report for any line, write S0 in the space, include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form.  For Details About Monthly income  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2 \$ 2,934.60 \$ 1,013.64 \$ 0.00 4\$ 0.00  | De                 | btor 1 Brian K. Ne   | eumann   |   | • •                | _                |  |                       |                              |                  |
| Case number (If known)    Check if this is:   An amended filing   A supplement showing postpetition chapter   13 income as of the following date:   MMI/DD/YYYY    Schedule   Your Income   12   MMI/DD/YYYY   12   13   MMI/DD/YYYY   12   14   MMI/DD/YYYY   12   15   MMI/DD/YYYY   12   MMI/DD/YYYYY   12   MMI/DD/YYYY   12   MMI/DD/YYYYY   12   MMI/DD/YYYY   12   MMI/DD/YYY   12   MMI/DD/YYYY   12   MMI/DD/YYYY    | _                  |  |  |   |                    |                  |  |                       |                              |                  |
| Official Form 106  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct Information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question attach a separate page with information about your spouse is needed, if you have more than one job, attach a separate page with information about additional employers.  Occupation about additional employers.  Occupation may include student or homemaker, if it applies.  Employer's address  415 West Maine Street Route 70 Manchester Township, NJ 08759  How long employed there?  9 months  2 years 4 months  For Debtor 1 For Debtor 2 or non-filing spouse  For Debtor 3 Periment of Manchester Township, NJ 08759  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2 \$ 2,934.60 \$ 1,013.64  1,013.64  1,013.64  1,013.64  1,013.64  1,013.64  | Un                 | ited States Bankruptcy Court for th  | ne: DISTRICT OF NEW  | JERSEY  |                    |                  |  |                       |                              |                  |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question.  Part 1:  Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Cashler  Employer's address  Asst Manager  Cashler  Morwood Auto Parts LLC  Perlmart of Manchester/Shoprite  Employer's address  415 West Maine Street Rochester, NY 14608  Route 70  Manchester Township, NJ 08759  How long employed there?  9 months  2 years 4 months  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, Include your non-filing spouse unless you are separated.  For Debtor 1  For Debtor 1  For Debtor 2 or non-filing spouse alone with your non-filing spouse unless you are separated.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2 \$ 2,934.60 \$ 1,013.64   |                    |  | ·  | -   |                    |                  | ☐ An amende☐ A suppleme                  | ed filing<br>ent show |                              |                  |
| Schedule I: Your Income  12/16  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Asst Manager  Cashier  Debtor 1  Debtor 2 or non-filing spouse  Employed  Not employed  Not employed  Not employed  Not employed  Not employed  Route 70  Manchester/Shoprite  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  For Debtor 1: For Debtor 2 or non-filing spouse.  For Debtor 3: Pert 2: For Debtor 2 or non-filing spouse.  Include part-time, seasonal, or self-employed work.  Employer's name  Employer's name  Employer's address  415 West Maine Street Rochester, NY 14608  How long employed there? 9 months  2 years 4 months  2 years 4 months  For Debtor 2: For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$2,934.60 \$1,013.64  3. Estimate and list monthly overtime pay.  | O                  | fficial Form 106l  |  |   |                    |                  |  |                       | e following date             | •                |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question to the post of any additional pages, write your name and case number (if known). Answer every question people. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question people is not people attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question people is not people at a separate sheet to this form. If you do not include information about your spouse is needed, attach a separate sheet to this form. If you have more than one employed work.  Debtor 1 Debtor 2 or non-filing spouse is needed. Not employed information about your people is made information about your non-filing spouse is needed in the people is made information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be a support in the people in the people in the people is not paid monthly, calculate what the monthly wage would be a support in the people in the people is not paid monthly, calculate what the monthly wage would be a support in the people is not people in the people is not people in the people is not people is not people in the people is not people in | _                  |  | come   |   |                    |                  | MM / DD/ Y                               | YYY                   |                              | 12/45            |
| information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  For Debtor 1 Debtor 2 or non-filing spouse in Employed   | sup<br>spo<br>atta | plying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form. | u are married and not fili<br>our spouse is not filing w<br>. On the top of any additi | ng jointly, and your s<br>ith you, do not inclu | spouse<br>de infor | is livi<br>matic | ing with you, incli<br>on about your spo | ude info<br>ouse. If  | ormation about more space is | t your<br>needed |
| attach a separate page with information about additional employers.  Occupation  Asst Manager  Cashier  Include part-time, seasonal, or self-employed work.  Cocupation may include student or homemaker, if it applies.  Employer's address  At 15 West Maine Street Rochester, NY 14608  How long employed there?  9 months  2 years 4 months  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  f you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or indin-filling spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,934.60 \$ 1,013.64  3. Estimate and list monthly overtime pay.  3. +\$ 0.00  *\$ 0.00   | 1.                 |  |  | Debtor1   |                    |                  | Debtor 2                                 | or nor                | n-filing spouse              |                  |
| Include part-time, seasonal, or self-employed work.  Occupation Asst Manager  Employer's name  Cashier  Employer's name  Cocupation Morwood Auto Parts LLC  Occupation may include student or homemaker, if it applies.  Employer's address  How long employed there?  9 months  2 years 4 months  Fart 2:  Give Details About Monthly Income  Stimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  f you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  Estimate monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,934.60 \$ 1,013.64  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00   |                    |  | Employment etatue  | ■ Employed                                      |                    |                  | <b>■</b> Emplo                           | yed                   |                              |                  |
| Include part-time, seasonal, or self-employed work.  Cocupation may include student or homemaker, if it applies.  Employer's address How long employed there?  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  f you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,934.60 \$ 1,013.64  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00   |                    | information about additional   | Employment status  | ☐ Not employed                                  |                    |                  | ☐ Not e                                  | nploye                | d                            |                  |
| Self-employed work.  Coccupation may include student or homemaker, if it applies.  Employer's address and list monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly overtime pay.  Employer's name  Answood Auto Parts LLC  Perlmant of Manchester/Shoprite  Route 70  Manchester Township, NJ 08759  Route 70  Manchester Township, NJ 08759  Part 2:  |                    |  | Occupation   | Asst Manager                                    |                    |                  | <u>Cashier</u>                           |                       |                              |                  |
| How long employed there?    Part 2:   Give Details About Monthly Income  |                    |  | Employer's name  | Norwood Auto F                                  | arts L             | LC               | Perlma                                   | t of M                | anchester/Sh                 | oprite           |
| Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,934.60 \$ 1,013.64  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00   |                    |  | Employer's address   |   |                    |                  |  | _                     | ownship, NJ                  | 08759            |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need note space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,934.60 \$ 1,013.64  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00   |                    |  | How long employed t  | here? 9 month                                   | ıs                 |                  | 2  | years                 | 4 months                     |                  |
| f you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.    For Debtor 1   | Pai                | t 2: Give Details About Mo   | inthly Income  |   |                    |                  |  |                       |                              |                  |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Estimate and list monthly overtime pay.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$ 2,934.60 \$ 1,013.64  3. +\$ 0.00 +\$ 0.00  | Esti               | mate monthly income as of the ouse unless you are separated.   | date you file this form. If  | you have nothing to re                          | port for           | any li           | ne, write \$0 in the                     | space.                | Include your no              | n-filing         |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,934.60 \$ 1,013.64  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00  | f yo               | u or your non-filing spouse have m<br>e space, attach a separate sheet to                                    | nore than one employer, co<br>o this form.   | ombine the information                          | for all e          | emplo            | yers for that perso                      | n on the              | e lines below. If            | you need         |
| 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 2,934.60 \$ 1,013.64  3. Estimate and list monthly overtime pay. 3. +\$ 0.00  |                    |  |  |   |                    |                  | For Debtor (acc                          |                       |                              |                  |
|  | 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   | ary, and commissions (be calculate what the month!                                     | efore all payroll<br>y wage would be.           | 2.                 | \$_              | 2,934.60                                 | \$                    | 1,013.64                     |                  |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$ 2,934.60 \$ 1,013.64   | 3.                 | Estimate and list monthly over   | time pay.  |   | 3.                 | +\$_             | 0.00                                     | +\$_                  | 0.00                         |                  |
|  | 4.                 | Calculate gross Income. Add ii   | ine 2 + line 3.  |   | 4.                 | \$_              | 2,934.60                                 | \$                    | 1,013.64                     |                  |

Official Form 106I Schedule I: Your Income page 1

## Case 17-34928-MBK Doc 11 Filed 12/28/17 Entered 12/28/17 17:31:41 Desc Main Document Page 17 of 33

| Deb | tor 1          | Brian K. Neumann   | _           | Case number (if known)    |   |
|-----|----------------|--|-------------|---------------------------|---|
|     | Cop            | by line 4 here   | 4.          | For De6tor 1 \$ 2,934.60  | For Debtor 2 or non-filing spouse \$ 1,013.64 |
| 5.  | List           | all payroll deductions:  |             |                           |   |
|     | 5a.            | Tax, Medicare, and Social Security deductions  | 5a.         | \$388.02                  | \$ 133.98                                     |
|     | 5b.            | Mandatory contributions for retirement plans   | 5b.         | \$ 6.13                   | \$ <u>0.00</u>                                |
|     | 5c.            | Voluntary contributions for retirement plans   | 5c.         | \$ 0.00                   | \$0.00_                                       |
|     | 5d.            | Required repayments of retirement fund loans   | 5d.         | \$ 0.00                   | \$0.00_                                       |
|     | 5e.            | Insurance  | 5e.         | \$ 0.00                   | \$0.00_                                       |
|     | 5f.<br>-       | Domestic support obligations   | 5f.         | \$ 0.00                   | \$0.00_                                       |
|     | 5g.            | Union dues   | 5g.         | \$0.00                    | \$  |
|     | 5h.            | Other deductions. Specify: Short Term Disability   | _ 5h.+<br>_ | \$ <u>12.56</u>           | + \$ 0.00                                     |
| 6.  | Add            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          | \$ 406.71                 | \$133.98                                      |
| 7.  | Cald           | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$ 2,527.89               | \$879.66_                                     |
| 8.  | List<br>8a.    | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.         | \$ 0.00                   | \$ 0.00                                       |
|     | 8b.            | Interest and dividends   | 8b.         | \$ 0.00                   | \$ 0.00                                       |
|     | 8c.<br>8d.     | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  | 8c.<br>8d.  | \$ <u>0.00</u><br>\$ 0.00 | \$ <u>0.00</u><br>\$ 0.00                     |
|     | 8e.            | Social Security  | 8e.         | \$ 0.00                   | \$ 0.00                                       |
|     | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  | 8f.         | \$0.00                    | \$0.00_                                       |
|     | 8g.<br>8h.     |  | 8g.         | \$ 0.00                   | \$0.00_                                       |
|     | OII.           | Other monthly income. Specify: Debtor's Mother Contribution  | _ 8h.+      | \$500.00                  | + \$  |
| 9.  | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$500.00                  | \$0.00  |
| 10. | Calc           | culate monthly income. Add line 7 + line 9.  | 10. \$      | 3,027.89 + \$             | 879.66 = \$ 3,907.55                          |
|     |                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | ···   *-    | 3,027.09                  | 879.66 = \$ 3,907.55                          |
| 11. | State<br>Inclu | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refinends or relatives.  The property of the contribution of the contribu | depend      | . •                       |   |
| 12. |                | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines   |             |                           | 12. \$ 3,907.55 Combined                      |
| 13. | Do y           | ou expect an increase or decrease within the year after you file this form?  | ?           |                           | monthly income                                |
|     |                | No.  |             |                           |   |
|     |                | Yes. Explain:  |             |                           |   |

Official Form 1061 Schedule I: Your Income page 2

| Fill in thi                   | is information to identify   | your case:                                    |  |  |   |   |  |
|-------------------------------|--|---|--|--|---|---|--|
| Debtor 1                      | Brian K. N   | ellmann                                       |  |  | Che                                     | eck if this is:                             |  |
|                               | Ditali IV. IV  | Cumanti                                       |  | <del></del>  |   | An amended filing                           |  |
| Debtor 2                      |  |   |  |  | H                                       | •   | ving postpetition chapter                |
| (Spouse,                      | if filing)   |   |  |  | ш                                       | 13 expenses as of                           |  |
| United St                     | ates Bankruptcy Court for  | he: DISTRI                                    | CT OF NEW JERSEY   |  |   | MM / DD / YYYY                              |  |
| Case nun                      | nber   |   |  |  |   |   |  |
| (If known)                    | )  |   |  |  |   |   |  |
| Offic                         | ial Form 106ເ  |   |  |  |   |   |  |
| Sche                          | edule J: You   | Exper   | ises   |  |   |   | 12/15                                    |
| Be as co<br>informa<br>number | omplete and accurate<br>tion. If more space is<br>(if known). Answer e | as possible.<br>needed, atta<br>very question | If two married people ar<br>ch another sheet to this       | re filing together, both<br>form. On the top of ar | are equ<br>ny additi                    | ually responsible fo<br>onal pages, write y | r supplying correct<br>our name and case |
| Part 1:                       | Describe Your Hou his a joint case?                                    | sehold  |  |  | <del></del>                             |   |  |
| _                             | -  |   |  |  |   |   |  |
|                               | No. Go to line 2.<br>Yes. <b>Does Debtor 2 liv</b>                     | o in a conor                                  | ata haysahald?   |  |   |   |  |
| _                             |  | e III a Sepaia                                | ite nousenolu?   |  |   |   |  |
|                               | □ No<br>□ Yes. Debtor 2 m  | ust file Offici                               | al Form 106J-2, <i>Expens</i> es                           | s for Separate Househo                             | <i>ld</i> of Deb                        | otor 2.                                     |  |
| 2. <b>Do</b>                  | you have dependents  | ? □ No  |  |  |   |   |  |
|                               | not list Debtor 1 and otor 2.  | Yes.  | Fill out this information for each dependent               | Dependent's relations<br>Debtor 1 or Debtor 2      | -                                       | Dependent's<br>age                          | Does dependent live with you?            |
| Do                            | not state the  |   |  |  | *************************************** |   | □No                                      |
| dep                           | endents names.   |   |  | Daughter   |   | 19  | ■ Yes                                    |
|                               |  |   |  |  |   |   | □ No                                     |
|                               |  |   |  | Daughter   |   | 21  | ■ Yes                                    |
|                               |  |   |  |  |   |   | □ No                                     |
|                               |  |   |  |  |   |   | ☐ Yes                                    |
|                               |  |   |  |  |   |   | □ No                                     |
|                               |  |   |  |  |   |   | ☐ Yes                                    |
|                               | your expenses includ   |   | No   |  |   |   |  |
|                               | enses of people other  | than  | Yes  |  |   |   |  |
| you                           | rself and your depend  | ients?  |  |  |   |   |  |
| Part 2:                       | Estimate Your Ong  | oing Monthly                                  | / Expenses   |  |   |   |  |
|                               | s as of a date after the   |   | ptcy filing date unless y<br>r is filed. If this is a supp |  |   |   |  |
| lpeluda 4                     | expenses paid for with   | non-cash c                                    | povernment assistance if                                   | f vou know   | Susia                                   | ii ka   | ferstell fred in the                     |
| the value                     |  |   | uded it on Schedule I: Y                                   |  |   | Your expe                                   | inses                                    |
|                               | e rental or home owne<br>ments and any rent for                        |   | ses for your residence. In<br>lot.                         | nclude first mortgage                              | 4. \$                                   | <b>.</b>                                    | 2,000.00                                 |
| lf no                         | ot included in line 4:   |   |  |  |   |   |  |
| 4a.                           | Real estate taxes  |   | •  |  | 4a. \$                                  | ;   | 0.00                                     |
| 4b.                           | Property, homeowne   | r's, or renter's                              | s insurance  |  | 4b. \$                                  |   | 0.00                                     |
| 4c.                           | Home maintenance,  |   |  |  | 4c. \$                                  | <b></b>                                     | 100.00                                   |
| 4d.                           | Homeowner's associ   | ation or cond                                 | ominium dues   |  | 4d. \$                                  |   | 0.00                                     |
| 5 Ado                         | litional mortgage navi   | nerits for vo                                 | ur residence, such as hor                                  | me equity loans                                    | 5. \$                                   |   | 0.00                                     |

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| Debtor       | Brian K. Neumann  | Case nun  | nber (if known) |
|--------------|---|---|-----------------|
| 6. Ut        | llities:  |   |                 |
| 6a           |   | 6a.   | \$ 100.00       |
| 6b           |   | 6b.   | 100.00          |
| 6c           |   |   | 100.00          |
| 6d           |   | 6d.   |                 |
|              | od and housekeeping supplies  |   |                 |
|              | illdcare and children's education costs   | 8.  |                 |
|              | othing, laundry, and dry cleaning   |   | <u> </u>        |
|              | rsonal care products and services   | 10.   |                 |
|              | edical and dental expenses  | 11.   |                 |
|              | ansportation. Include gas, maintenance, bus or train  |   | \$0.00          |
| Do           | not include car payments.   | 12.   | \$ 180.00       |
|              | tertainment, clubs, recreation, newspapers, maga  | zines, and books 13.                                  | \$ 0.00         |
|              | aritable contributions and religious donations  | 14.   | 0.00            |
|              | surance.  | • • •   | 0.00            |
|              | not include insurance deducted from your pay or incl  | uded in lines 4 or 20.                                |                 |
|              | a. Life insurance   | 15a.  | \$ 0.00         |
| 15           | b. Health insurance   | 15b.  |                 |
| 15           | c. Vehicle insurance  | 15c.  |                 |
| 15           | d. Other insurance. Specify:  | 15d.  |                 |
| 6. <b>Ta</b> | xes. Do not include taxes deducted from your pay or   | ncluded in lines 4 or 20.                             |                 |
|              | ecify:  | 16.   | \$ 0.00         |
|              | stallment or lease payments:  |   |                 |
|              | a. Car payments for Vehicle 1   | 17a.  | \$0.00          |
|              | b. Car payments for Vehicle 2   | 17b.  | \$ 0.00         |
|              | c. Other. Specify:  | 17c.  | \$ 0.00         |
|              | d. Other. Specify:  | 17d.  | \$ 0.00         |
|              | ur payments of alimony, maintenance, and suppo  |   |                 |
| de           | ducted from your pay on line 5, Schedule I, Your I  | ncome (Official Form 106I). 18.                       |                 |
|              | her payments you make to support others who do  | _   | \$              |
|              | ecify:  | 19.   |                 |
|              | her real property expenses not included in lines 4  a. Mortgages on other property                              | or 5 of this form of on <i>Schedule I: Yo</i><br>20a. |                 |
|              | o. Real estate taxes  | 20a.<br>20b.  |                 |
|              | c. Property, homeowner's, or renter's insurance   | 20b.<br>20c.  | V.VV            |
|              | d. Maintenance, repair, and upkeep expenses   | 20d.<br>20d.  |                 |
|              | e. Homeowner's association or condominium dues  | 200.<br>20e.  | 0.00            |
|              | ner: Specify:   |   | ·               |
| . i. Oil     | ier. Specily.   |   | +\$ 0.00        |
| 2. Ca        | culate your monthly expenses  |   |                 |
|              | a. Add lines 4 through 21.  |   | \$ 3,575.00     |
| 22h          | <ol> <li>Copy line 22 (monthly expenses for Debtor 2), if any</li> </ol>  | , from Official Form 106J-2                           | \$              |
| 220          | c. Add line 22a and 22b. The result is your monthly ex  | rpenses.  | \$ 3,575.00     |
|              |   |   |                 |
|              | Iculate your monthly net income.  | a Sahadula I  | <b>6</b>        |
|              | a. Copy line 12 (your combined monthly income) from   |   | 0,001.00        |
| 230          | <ol> <li>Copy your monthly expenses from line 22c above.</li> </ol>   | 23b.  | -\$             |
| 22.          | Subtract your monthly evacuacy from your monthly  | , income  |                 |
| ∠30          | <ul> <li>Subtract your monthly expenses from your monthly<br/>The result is your monthly net income.</li> </ul> | y income.<br>23c.                                     | \$ 332.55       |
|              | mo roomer your monary nor moome.  | 200.  |                 |
|              | you expect an increase or decrease in your exper  |   |                 |
| For          | example, do you expect to finish paying for your car loan with  |   |                 |
| _            | dification to the terms of your mortgage?   |   |                 |
|              | No  |   |                 |
|              | Yes. Explain here:  |   |                 |

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| ill in this infor  | mation to identify your   | case:  |  |   |  |                         |
|--|---|--|--|---|--|-------------------------|
| ebtor 1  | Brian K. Neuman   | n  |  |   |  |                         |
|  | First Name  | Middle Name  | Last Name  | <u></u>   |  |                         |
| ebtor 2  |   |  |  |   |  |                         |
| pouse if, filing)  | First Name  | Middle Name  | Last Name  |   |  |                         |
| nited States Ba  | ankruptcy Court for the:  | DISTRICT OF NEW JERSE  | Υ  |   |  |                         |
| ase number   |   |  |  |   |  |                         |
| known)   |   |  |  |   | ☐ Check if this amended fili   |                         |
| No married n   |   |  |  |   |  |                         |
| u must file thi<br>taining money   | s form whenever you fi<br>y or property by fraud in   | r, both are equally responsib<br>le bankruptcy schedules or a<br>n connection with a bankrup<br>519, and 3571. | amended schedules. Mai   | king a false sta  | atement, concealing prop<br>000, or imprisonment fo  | perty, or<br>r up to 20 |
| u must file thi<br>taining money<br>ars, or both. 1  | s form whenever you fi  | le bankruptcy schedules or a<br>connection with a bankrup  | amended schedules. Mai   | king a false sta  | atement, concealing pro<br>000, or imprisonment fo   | perty, or<br>r up to 20 |
| u must file thi<br>taining money<br>ars, or both. 1  | s form whenever you fi<br>y or property by fraud in<br>8 U.S.C. §§ 152, 1341, 1<br>n Below  | le bankruptcy schedules or a<br>connection with a bankrup  | amended schedules. Mai<br>tcy case can result in fin                               | king a false sta<br>es up to \$250,                                     | atement, concealing pro<br>000, or imprisonment for  | perty, or<br>r up to 20 |
| u must file thi<br>taining money<br>ars, or both. 1  | s form whenever you fi<br>y or property by fraud in<br>8 U.S.C. §§ 152, 1341, 1<br>n Below  | le bankruptcy schedules or a<br>n connection with a bankrup<br>519, and 3571.                                  | amended schedules. Mai<br>tcy case can result in fin                               | king a false sta<br>es up to \$250,                                     | atement, concealing pro<br>000, or imprisonment for  | perty, or<br>r up to 20 |
| u must file thi taining money ars, or both. 1 Sign Did you pa  | s form whenever you fi<br>y or property by fraud in<br>8 U.S.C. §§ 152, 1341, 1<br>n Below  | le bankruptcy schedules or a<br>n connection with a bankrup<br>519, and 3571.                                  | amended schedules. Mai<br>tcy case can result in fin                               | king a false states up to \$250,6 ruptcy forms?  Attach Ba              | atement, concealing proposed on the statement for the statement fo | r up to 20              |
| u must file thitaining money ars, or both. 1  Sign  Did you pa  No  Yes. N                           | is form whenever you fi<br>y or property by fraud in<br>8 U.S.C. §§ 152, 1341, 1<br>in Below<br>y or agree to pay some  | le bankruptcy schedules or a<br>n connection with a bankrup<br>519, and 3571.                                  | amended schedules. Mal<br>toy case can result in fin<br>to help you fill out bank  | king a false states up to \$250,4 ruptcy forms?  Attach Ba. Declaratio  | 000, or imprisonment for<br>onkruptcy Petition Prepare<br>on, and Signature (Official  | r up to 20              |
| u must file thitaining money ars, or both. 1  Sign  Did you pa  No  Yes. N  Under pena that they are | is form whenever you fit yor property by fraud in 8 U.S.C. §§ 152, 1341, 1 in Below  y or agree to pay some Name of person  Ity of perjury, I declare the true and correct. | le bankruptcy schedules or a<br>n connection with a bankrup<br>519, and 3571.<br>one who is NOT an attorney    | amended schedules. Mal<br>toy case can result in fin<br>to help you fill out banki | king a false states up to \$250,4 ruptcy forms?  Attach Ba. Declaratio  | 000, or imprisonment for<br>onkruptcy Petition Prepare<br>on, and Signature (Official  | r up to 20              |
| Did you pa  No Yes. N  Under pena that they are  X /s/ Brian Brian b                                 | is form whenever you fi y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 In Below  y or agree to pay some  Name of person   | le bankruptcy schedules or a<br>n connection with a bankrup<br>519, and 3571.<br>one who is NOT an attorney    | amended schedules. Mal<br>toy case can result in fin<br>to help you fill out bank  | king a false states up to \$250,6 ruptcy forms?  Attach Ba. Declaration | 000, or imprisonment for<br>onkruptcy Petition Prepare<br>on, and Signature (Official  | r up to 20              |

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|            |                            | nation to identify you                     |  |   |  |  |
|------------|----------------------------|--|--|---|--|--|
| De         | ebtor 1                    | Brian K. Neuma                             | Middle Name  | Last Name   |  |  |
|            | btor 2<br>ouse if, filing) | First Name                                 | Middle Name  | Last Name   |  |  |
| Un         | ited States Ba             | nkruptcy Court for the                     | DISTRICT OF NEW JERS   | SEY   |  |  |
|            | se number                  | -  |  | -   |  | Check if this is an amended filing                         |
| St<br>Be a | as complete a              | of Financial                               | Affairs for Indivicible. If two married people a , attach a separate sheet to testion.         | re filing together, both are                          | equally responsible for                    | 4/1<br>supplying correct<br>your name and case             |
| Pa         | rt 1: Give D               | etails About Your M                        | arital Status and Where You  | Lived Before  |  |  |
| 1.         | What is your               | current marital state                      | us?  |   |  |  |
|            | ■ Married □ Not mar        | ried                                       |  |   |  |  |
| 2.         | During the la              | ast 3 years, have you                      | lived anywhere other than v  | where you live now?                                   |  |  |
| 3.         | Debtor 1 Pri               | or Address:<br>st 8 years, did you e       | lived there  | Debtor 2 Prior Ac                                     | idress:<br>ity property state or terri     | Dates Debtor 2<br>lived there<br>tory? (Community property |
| state      | es and territorie          | es include Arizona, Ca                     | alifornia, Idaho, Louisiana, Nev   | /ada, New Mexico, Puerto R                            | ico, Texas, Washington an                  | d Wisconsin.)  |
|            |                            | ke sure you fill out <i>Sc</i>             | hedule H: Your Codebtors (Off  | ficial Form 106H).                                    |  |  |
| Pai        | t 2 Explain                | n the Sources of You                       | ır Income  |   |  |  |
| 4.         | Fill in the tota           | I amount of income yo                      | nployment or from operating<br>ou received from all jobs and a<br>have income that you receive | Il businesses, including part                         | time activities.                           | alendar years?   |
|            | □ No Yes. Fill             | in the details.                            |  |   |  |  |
|            |                            |  | Periori  |   | Debtor 2                                   |  |
|            |                            |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions)      |
|            |                            | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$15,767.00   | ☐ Wages, commissions bonuses, tips         | ,  |
|            |                            |  | ☐ Operating a business   |   | Operating a business                       |  |

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| Debtor 1 Brian K. Neumann |        |              |                 | ımann                 |                                  | Case number (if known)  |   |  |   |
|---------------------------|--------|--------------|-----------------|-----------------------|----------------------------------|---|---|--|---|
|                           |        |              |                 |                       |                                  | Debtor 1 Sources of income Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)           | Debtor 2 Sources of income Check all that apply.               | Gross income<br>(before deductions<br>and exclusions) |
|                           |        |              | ndar y<br>Dece  |                       | 31, 2016 }                       | ■ Wages, commissions, bonuses, tips   | \$20,624.00   | ☐ Wages, commissions, bonuses, tips                            |   |
|                           |        |              |                 |                       |                                  | ☐ Operating a business  |   | Operating a business   |   |
|                           |        |              |                 |                       | fore that:<br>31, 2015 )         | ■ Wages, commissions, bonuses, tips   | \$13,367.00   | ☐ Wages, commissions, bonuses, tips                            |   |
|                           |        |              |                 |                       |                                  | ☐ Operating a business  |   | ☐ Operating a business   |   |
|                           |        | each<br>No   |                 | and t                 | he gross inc                     | se and you have income that yourne from each source separat  Debtor 1  Sources of income  Describe below.   |   |  | Gross income<br>(before deductions<br>and exclusions) |
| Pa                        | ırt 3: | List         | t Certa         | in Pa                 | yments You                       | ı Made Before You Filed for E   |   |  |   |
| 6.                        | Are    | eithe<br>No. | Neith<br>indivi | ner De<br>idual p     | ebtor 1 nor I<br>orimarily for a | e's debts primarily consumer<br>Debtor 2 has primarily consu<br>a personal, family, or household<br>one you filed for bankruptcy, did                       | mer debts. Consumer debts<br>d purpose."                        |  | 01(8) as "incurred by an                              |
|                           |        |              |                 | No.<br>Yes<br>bject t | paid that cr<br>not include      | <ol> <li>cach creditor to whom you paic<br/>editor. Do not include payment<br/>payments to an attorney for th<br/>t on 4/01/19 and every 3 years</li> </ol> | ts for domestic support obligation is bankruptcy case.          | ations, such as child support                                  | and alimony. Also, do                                 |
|                           |        | Yes.         | Debt            | or 1 o                | r Debtor 2 d                     | or both have primarily consul<br>ore you filed for bankruptcy, did  | mer debts.  |  |   |
|                           |        |              | <b>=</b> 1      |                       | Go to line 7                     | 7.  |   |  |   |
|                           |        |              |                 | Yes                   | include pay                      | each creditor to whom you paid<br>ments for domestic support ob<br>this bankruptcy case.  | l a total of \$600 or more and<br>ligations, such as child supp | the total amount you paid tha<br>ort and alimony. Also, do not | at creditor. Do not include payments to an            |
|                           | Cre    |              |                 |                       | Address                          | Dates of paymer   |   | Amount you Was this still owe                                  | payment for   |

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| De  | ebtor 1 Brian K. Neumann  |   | Case number  | (if known)   |                       |
|-----|---|---|--|--|-----------------------|
|     |   |   | <del>-                                    </del>   |  |                       |
| 7.  | Within 1 year before you filed for bankrupto<br>Insiders include your relatives; any general pa<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 1<br>alimony. | artners; relatives of any gen<br>control, or owner of 20% o | eral partners; partnerships of variations of the more of their voting securities               | which you are a general pages and any managing age   | partner; corporations |
|     | ■ No  |   |  |  |                       |
|     | Yes. List all payments to an insider.   |   |  |  |                       |
|     | Insider's Name and Address  | Dates of payment  | Total amount Amour paid stil   | nt you Reason for th<br>Il owe                       | is payment            |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost   |   | ments or transfer any prope  | rty on account of a deb                              | t that benefited an   |
|     | ■ No  |   |  |  |                       |
|     | Yes. List all payments to an insider  |   |  |  |                       |
|     | Insider's Name and Address  | Dates of payment  | Total amount Amour paid stil   | nt you Reason for th                                 |                       |
| Pa  | rt 4: Identify Legal Actions, Repossession  | s, and Foreclosures   |  |  |                       |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes.   | cy, were you a party in any<br>cases, small claims actions  | y lawsuit, court action, or ac<br>s, divorces, collection suits, pa                            | Iministrative proceedin<br>temity actions, support o | g?<br>r custody       |
|     | _   |   |  |  |                       |
|     | □ No  |   |  |  |                       |
|     | Yes. Fill in the details.   |   |  |  |                       |
|     | Case title<br>Case number   | Nature of the case  | Court or agency  | Status of the  | case                  |
|     | SN Servicing Corpoartion v.<br>Neumann<br>F-04152813  | foreclosure   | Ocean County Sheriff's<br>Office<br>120 Hooper Avenue<br>P.O. Box 2191<br>Toms River, NJ 08754 | Pending On appeal Concluded                          |                       |
| 10. | Within 1 year before you filed for bankrupto<br>Check all that apply and fill in the details below  | y, was any of your prope                                    | rty repossessed, foreclosed  | , garnished, attached, s                             | seized, or levied?    |
|     | No. Go to line 11.  Yes. Fill in the information below.   |   |  |  |                       |
|     | Creditor Name and Address   | Describe the Property                                       |  | Date   | Value of the          |
|     |   | Explain what happened                                       |  |  | property              |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  No  Yes. Fill in the details.  | tcy, did any creditor, incli<br>iuse you owed a debt?       | uding a bank or financial ins  | titution, set off any am                             | ounts from your       |
|     | Creditor Name and Address   | Describe the action the                                     | creditor took  | Date action was taken                                | Amount                |
| 12. | Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or an   |   | rty in the possession of an a  | ssignee for the benefit                              | of creditors, a       |
|     | ■ No □ Yes  |   |  |  |                       |
|     |   |   |  |  |                       |

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| Del | otor 1 Brian K. Neumann   | Case number  | (if known)                              |                           |
|-----|---|--|---|---------------------------|
|     |   |  |   |                           |
| Pa  | t 5: List Certain Gifts and Contributions   |  |   |                           |
| 13. | Within 2 years before you filed for bankruptcy, o  No  Yes. Fill in the details for each gift.  | did you give any gifts with a total value of more t  | han \$600 per person <sup>.</sup>       | ?                         |
|     | Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and  | Describe the gifts   | Dates you gave<br>the gifts             | Value                     |
|     | Address:  |  |   |                           |
| 14. | Within 2 years before you filed for bankruptcy, o  ■ No   |  | al value of more than                   | \$600 to any charity?     |
|     | Yes. Fill in the details for each gift or contribut   |  |   |                           |
|     | Gifts or contributions to charities that total<br>more than \$600<br>Charity's Name   | Describe what you contributed  | Dates you contributed                   | Value                     |
|     | Address (Number, Street, City, State and ZIP Code)  | and the Waster Lawrence Selection of the   |   | · .                       |
| Par | t 6: List Certain Losses  |  |   |                           |
| 15. | Within 1 year before you filed for bankruptcy or or gambling?   | since you filed for bankruptcy, did you lose any   | thing because of thef                   | t, fire, other disaster   |
|     | ■ No □ Yes. Fill in the details.  |  |   |                           |
|     | how the loss occurred include   | be any insurance coverage for the loss the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property<br>lost |
| Par | t 7: List Certain Payments or Transfers   |  |   |                           |
| 16. | Within 1 year before you filed for bankruptcy, di consulted about seeking bankruptcy or preparir Include any attorneys, bankruptcy petition preparers | ng a bankruptcy petition?  |   | ty to anyone you          |
|     | □ No  |  |   |                           |
|     | Yes. Fill in the details.   |  |   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Veitengruber Law LLC<br>1720 Route 34<br>Suite 10   | Attorney Fees  |   | \$1,500.00                |
|     | Wall, NJ 07727<br>Gveitengruberesq@gmail.com  |  |   |                           |
|     | Abacus Credit Counseling<br>17337 Ventura Boulevard<br>Suite 226<br>Encino, CA 91316  | Credit Counseling Course   |   | \$25.00                   |

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| De  | ebtor 1 Brian K. Neumann   |  | Ca   | ase number (if known)  |   |
|-----|--|--|--|--|---|
| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list  | or to make paymen  | lse acting on your t<br>ts to your creditors | oehalf pay or transfer any p<br>?  | roperty to anyone who                           |
|     | No   |  |  |  |   |
|     | ☐ Yes. Fill in the details.  |  |  |  |   |
|     | Person Who Was Paid<br>Address   | Description and transferred                                | value of any prope                           | rty Date payment<br>or transfer wa<br>made                               |   |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already list.     | ness or financial af<br>as security (such as               | fairs?<br>the granting of a sec              |  |   |
|     | No   |  |  |  |   |
|     | ☐ Yes. Fill in the details.  | •  |  |  |   |
|     | Person Who Received Transfer Address Person's relationship to you  | Description and property transfe                           |  | Describe any property or<br>payments received or deb<br>paid in exchange | Date transfer was<br>ts made                    |
|     | retson's relationship to you   | # 8th F. 1711 1111 1 1 4. 1                                | tal indicated a Value                        |  | •   |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No □ Yes. Fill in the details.  Name of trust   | tion devices.)   | ny property to a sel                         |  | vice of which you are a  Date Transfer was made |
| Pa  | rt 8: List of Certain Financial Accounts, Instru   | ments, Safe Depos  | it Boxes, and Stora                          | ge Units   |   |
| 20. | Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or of houses, pension funds, cooperatives, association.  No  Yes Fill in the details | ther financial accou                                       | ınts; certificates of                        |  | -   |
|     |  |  |  |  |   |
|     |  | st 4 digits of count number                                | Type of account instrument                   | closed, sold,<br>moved, or   | Last balance<br>before closing or<br>transfer   |
|     | TD Bank XX   | XX-5821  | ☐ Checking                                   | 09/30/2017   | \$1.91  |
|     |  |  | ■ Savings □ Money Market □ Brokerage □ Other |  |   |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | before you filed fo  | r bankruptcy, any s                          | afe deposit box or other de  | pository for securities,                        |
|     | ■ No □ Yes. Fill in the details.   |  |  |  |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had ac<br>Address (Number,<br>State and ZIP Code) |  | scribe the contents  | Do you still have it?                           |

Entered 12/28/17 17:31:41 Case 17-34928-MBK Doc 11 Filed 12/28/17 Page 26 of 33 Document Case number (if known) Debtor 1 Brian K. Neumann 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone ■ No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

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| Debte                                 | or 1 Brian K. Neumann  | Ca   | ase number (if known)   |
|---------------------------------------|--|--|---|
|                                       |  |  |   |
|                                       | ☐ A partner in a partnership   |  |   |
|                                       | ☐ An officer, director, or managing ex   | secutive of a corporation  |   |
|                                       | ☐ An owner of at least 5% of the votir   | ng or equity securities of a corporation   |   |
|                                       | No. None of the above applies. Go to   |  |   |
| Ε                                     | _  | I in the details below for each business.  |   |
|                                       | Business Name<br>Address<br>Number, Street, City, State and ZIP Code)                    | Describe the nature of the business  Name of accountant or bookkeeper                    | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed                   |
| 28. V<br>ir                           | Vithin 2 years before you filed for bankrup<br>nstitutions, creditors, or other parties. | tcy, did you give a financial statement to a   | nyone about your business? Include all financial  |
|                                       | No   |  |   |
|                                       | - 100:1 iii iii die detalle belett.  |  |   |
|                                       | Name<br>Address<br>Number, Street, City, State and ZIP Code)                             | Date Issued  |   |
|                                       | 2: Sign Below  |  |   |
| l have<br>are tru<br>with a<br>18 U.S | read the answers on this Statement of Fir  | false statement, concealing property, or of \$250,000, or imprisonment for up to 20 year | declare under penalty of perjury that the answers<br>btaining money or property by fraud in connection<br>ars, or both. |
|                                       | n K. Neumann<br>ture of Debtor 1   | Signature of Debtor 2  |   |
| Date                                  | December 12, 2017  | Date   |   |
| Did yo<br>■ No<br>□ Yes               |  | ent of Financial Affairs for Individuals Filing  | g for Bankruptcy (Official Form 107)?   |
| Did yo  ■ No                          | u pay or agree to pay someone who is not   | an attorney to help you fill out bankruptcy  | forms?  |
|                                       | . Name of Person Attach the Bankru   | otcy Petition Preparer's Notice, Declaration, a  | nd Signature (Official Form 119).   |

| Fill in this infor              | mation to identify your case;                           |   |
|---------------------------------|---|---|
| Debtor 1                        | Brian K. Neumann  |   |
| Debtor 2<br>(Spouse, if filing) |   | _ |
| United States E                 | Bankruptcy Court for the: <u>District of New Jersey</u> | _ |
| Case number (if known)          |   |   |

| Check | as directed in lines 17 and 21:                                      |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|
|       | According to the calculations required by this Statement:            |  |  |  |  |  |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |  |
|       | Disposable income is determined under 11 U.S.C. § 1325(b)(3).        |  |  |  |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |  |  |
|       | ☐ Check if this is an amended filing                                 |  |  |  |  |  |  |  |

#### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

# Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. I Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. §

101(10A). For example, if you are filling on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both

|   |                                    |                       |                                | Colui<br>Debt | mn A<br>or 1 | nn B<br>or 2 or<br>iling spouse |
|---|------------------------------------|-----------------------|--------------------------------|---------------|--------------|---------------------------------|
| <ol> <li>Your gross wages, salary, tips, bonuses, overtim<br/>payroll deductions).</li> </ol>   | e, and c                           | ommissi               | ons (before all                | \$            | 2,934.60     | \$<br>797.33                    |
| <ol> <li>Alimony and maintenance payments. Do not included Column B is filled in.</li> </ol>  | de paym                            | ents from             | a spouse if                    | \$            | 0.00         | \$<br>0.00                      |
| All amounts from any source which are regularly<br>of you or your dependents, including child supportion an unmarried partner, members of your househ<br>and roommates. Include regular contributions from a<br>filled in. Do not include payments you listed on line 3 | ort, Includ<br>old, your<br>spouse | de regula:<br>depende | contributions<br>nts, parents, | \$            | 0.00         | \$<br>0.00                      |
| <ul> <li>Net income from operating a business,<br/>profession, or farm</li> </ul>   | Debto                              | r1                    |                                |               |              |                                 |
| Gross receipts (before all deductions)  | \$_                                | 0.00                  |                                |               |              |                                 |
| Ordinary and necessary operating expenses   | -\$                                | 0.00                  |                                |               |              |                                 |
| Net monthly income from a business, profession, or f  | arm \$                             | 0.00                  | Copy here ->                   | \$            | 0.00         | \$<br>0.00                      |
| . Net income from rental and other real property  | Debto                              | 1                     |                                |               |              | <br>                            |
| Gross receipts (before all deductions)  | \$                                 | 0.00                  |                                |               |              |                                 |
| Ordinary and necessary operating expenses   | -\$                                | 0.00                  |                                |               |              |                                 |
| Net monthly income from rental or other real property   | , \$                               | 0.00                  | Copy here ->                   | \$            | 0.00         | \$<br>0.00                      |

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| Debtor | Brian K. Neumann   | Cas   | e number ( <i>if kn</i> o | own)                                   |  |
|--------|--|-------|---------------------------|--|--|
|        |  | Deb   | imn A<br>tor 1            | <i>Column</i><br>Debtor<br>non-fili    | 1 (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |
| 7.     | Interest, dividends, and royalties   | \$    | .0                        | ************************************** | 0.00   |
|        | Unemployment compensation  | \$    | 0.0                       | 00 \$                                  | 0.00   |
|        | Do not enter the amount if you contend that the amount received was a benefit u<br>the Social Security Act. Instead, list it here:   | nder  |                           | <u> </u>                               |  |
|        | For you \$ <b>0.00</b>   |       |                           |  |  |
|        | For your spouse \$ 0.00  | -     |                           |  |  |
|        | Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.   | \$    | 0.0                       | 00 \$                                  | 0.00   |
| ;<br>; | Income from all other sources not listed above. Specify the source and amou<br>Do not include any benefits received under the Social Security Act or payments<br>received as a victim of a war crime, a crime against humanity, or international or<br>domestic terrorism. If necessary, list other sources on a separate page and put the<br>total below. |       |                           |  |  |
|        |  | \$    | 0.0                       | 00 \$                                  | 0.00   |
|        |  | \$    | 0.4                       | 00 \$                                  | 0.00   |
|        | Total amounts from separate pages, if any.   | + \$  | 0.0                       | 00 \$                                  | 0.00   |
|        | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  | 2,934 | <u>60</u> + s             | 797.33                                 | \$ 3,731.93  |
| 12.    | Copy your total average monthly income from line 11.   |       |                           |  | \$ 3,731.93  |
|        | Calculate the marital adjustment. Check one:  You are not married. Fill in 0 below.  |       |                           |  |  |
|        | ☐ You are married and your spouse is filing with you. Fill in 0 below.   |       |                           |  |  |
|        | You are married and your spouse is not filing with you.  |       |                           |  |  |
| •      | Fill in the amount of the income listed in line 11, Column B, that was NOT re dependents, such as payment of the spouse's tax liability or the spouse's su   |       |                           |  |  |
|        | Below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  |       |                           |  | -  |
|        | If this adjustment does not apply, enter 0 below.  |       |                           |  |  |
|        |  | ·     | <del></del>               |  |  |
|        |  | ·     |                           |  |  |
|        | ••   |       |                           | ן                                      |  |
|        | Total\$  |       | 0.00                      | Copy here=>                            | 0.00   |
| 14.    | Your current monthly income. Subtract line 13 from line 12.  |       |                           |  | \$ 3,731.93  |
| 15.    | Calculate your current monthly income for the year. Follow these steps:  |       |                           |  |  |
|        | 15a. Copy line 14 here=>   |       | V-5JJ48-J455V4-555-6-5-   |  | \$3,731.93   |
|        | Multiply line 15a by 12 (the number of months in a year).  |       |                           |  | x 12   |
|        | 15b. The result is your current monthly income for the year for this part of the fo  | orm   | ••••••••••                | ***************                        | \$ 44,783.16   |

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| Debi | tor 1         | Bria      | an K. Neumann  |   | Case number (if known)   |                                 |                                       |
|------|---------------|-----------|--|---|--|---------------------------------|---------------------------------------|
| 16   | . Cal         | culate    | the median family income that applies to yo  | ou. Follow these step                                 | os:  |                                 |                                       |
|      | 16a           | . Fill it | n the state in which you live.   | NJ  |  |                                 |                                       |
|      | 16b           | . Fill ir | n the number of people in your household.  | 4   |  |                                 |                                       |
|      |               |           | the median family income for your state and si   | ze of household.                                      |  | \$                              | 114,886.00                            |
|      |               |           | nd a list of applicable median income amounts,<br>uctions for this form. This list may also be availa                                  |   |  |                                 |                                       |
| 17   | '. Hov        |           | he lines compare?  |   | ,  |                                 |                                       |
|      | 17a           |           | Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO   | the top of page 1 of<br>T fill out <i>Calculation</i> | f this form, check box 1, <i>Disposable ir</i><br>of Your <i>Disposable Income</i> (Official | ncome is not o                  | letermined under<br>).                |
|      | 17b           |           | Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab | ation of Your Dispo                                   | check box 2, Disposable income is desable Income (Official Form 122C-                        | etermined und<br>2). On line 39 | der 11 U.S.C. §<br>of that form, copy |
| Par  | t 3:          | Ca        | Iculate Your Commitment Period Under 11 U  | .S.C. § 1325(b)(4)                                    |  |                                 |                                       |
| 18.  | Cop           | y you     | ır total average monthly income from line 11   |   |  | \$                              | 3,731.93                              |
| 19.  | conf          | end th    | ne marital adjustment if it applies. If you are not calculating the commitment period under 11 income, copy the amount from line 13.   | narried, your spouse<br>U.S.C. § 1325(b)(4)           | is not filing with you, and you allows you to deduct part of your                            |                                 |                                       |
|      | 19a.          | If the    | marital adjustment does not apply, fill in 0 on li   | ne 19a.   |  | -\$                             | 0.00                                  |
|      |               |           |  |   |  |                                 |                                       |
|      | 19b.          | Subt      | ract line 19a from line 18.  |   |  | \$                              | 3,731.93                              |
| 20   | Cald          | vilate    | your current monthly income for the year.  | Follow those stone:                                   |  | <u> </u>                        |                                       |
| ۷.   |               |           | / line 19b   | ·   |  | \$                              | 3,731.93                              |
|      |               | •         | ply by 12 (the number of months in a year).  |   |  | ,                               | 12                                    |
|      |               |           | •  |   |  |                                 | 14                                    |
|      | 20b.          | The       | result is your current monthly income for the year   | ar for this part of the                               | form   | \$                              | 44,783.16                             |
|      |               |           |  |   |  |                                 |                                       |
|      | 00-           | 0         |  |   | r. 40  |                                 | 144 996 99                            |
|      | 20 <b>C</b> . | Сору      | the median family income for your state and si   | ze ot nousenola tron                                  | 1 line 160   | \$_                             | 114,886.00                            |
|      | 21.           | How       | do the lines compare?  |   |  |                                 |                                       |
|      |               |           | Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.  | ordered by the cou                                    | t, on the top of page 1 of this form, c  | neck box 3, TI                  | ne commitment                         |
|      |               |           | Line 20b is more than or equal to line 20c. Unle<br>commitment period is 5 years. Go to Part 4.  | ss otherwise ordere                                   | d by the court, on the top of page 1 of  | this form, che                  | eck box 4, The                        |
| Parl | 4:            | Sig       | n Below  |   |  |                                 |                                       |
|      | By s          | igning    | here, under penalty of perjury I declare that the  | information on this                                   | statement and in any attachments is  | true and corre                  | ct.                                   |
| Х    |               |           | n K. Neumann   |   |  |                                 |                                       |
|      |               |           | . Neumann<br>e of Debtor 1   |   |  |                                 |                                       |
|      | Date          |           | cember 12, 2017  |   | •  |                                 |                                       |
|      | lf yo         |           | / DD / YYYY  cked 17a, do NOT fill out or file Form 122C-2.  |   |  |                                 |                                       |
|      | -             |           | cked 17b, fill out Form 122C-2 and file it with thi  | s form. On line 39 of                                 | that form, copy your current monthly   | income from                     | ine 14 above.                         |

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court District of New Jersey

| In re        | Brian K. Neumann  |  | Case No.   |   |
|--------------|---|--|--|---|
|              |   | Debtor(s)  | Chapter  | 13                                      |
|              | DISCLOSURE OF COMP  | ENSATION OF ATTOR  | NEY FOR DE   | BTOR(S)                                 |
| С            | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 ompensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation   | ing of the petition in bankruptcy, o   | or agreed to be paid                                       | to me, for services rendered or to      |
|              | For legal services, I have agreed to accept   | ,,,,,,   | \$   | 3,500.00                                |
|              | Prior to the filing of this statement I have received   | }  | \$   | 1,500.00                                |
|              | Balance Due   |  | \$   | 2,000.00                                |
| 2. Т         | he source of the compensation paid to me was:   |  |  |   |
|              | ■ Debtor □ Other (specify):   |  |  |   |
| 3. Т         | he source of compensation to be paid to me is:  |  |  |   |
|              | ■ Debtor □ Other (specify):   |  |  |   |
| 1. I         | I have not agreed to share the above-disclosed com  | pensation with any other person u  | nless they are memb  | ers and associates of my law firm.      |
| [            | I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na   | sation with a person or persons whames of the people sharing in the c  | o are not members o  | or associates of my law firm. A         |
| 5. I         | n return for the above-disclosed fee, I have agreed to 1  | render legal service for all aspects   | of the bankruptcy ca                                       | ase, including:                         |
| b<br>c.      | Analysis of the debtor's financial situation, and rend. Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credi [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and applicati 522(f)(2)(A) for avoidance of liens on he | atement of affairs and plan which no<br>tors and confirmation hearing, and<br>reduce to market value; exen<br>ons as needed; preparation a | nay be required;<br>any adjourned hear<br>nption planning; | ings thereof; preparation and filing of |
| 5. B         | y agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.  |  |  | s, relief from stay actions or          |
|              |   | CERTIFICATION  | •  |   |
| I<br>this ba | certify that the foregoing is a complete statement of an<br>nkruptcy proceeding.  | ny agreement or arrangement for p  | ayment to me for re  | presentation of the debtor(s) in        |
| De           | cember 12, 2017   | /s/ George E. Veiter   | ngruber, III, Esq.   |   |
| Da           | te  | George E. Veitengr<br>Signature of Attorney  | uber, III, Esq. 15   | 532002                                  |
|              |   | Veitengruber Law I   | LLC  |   |
|              |   | 1720 Route 34  |  |   |
|              |   | Suite 10<br>Wall, NJ 07727   |  | •                                       |
|              |   | (732) 695-3303 Fax   |  |   |
|              |   | Gveitengruberesq@<br>Name of law firm  | gmail.com  |   |
|              |   | Name of law firm   |  |   |

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#### United States Bankruptcy Court District of New Jersey

|       |                                  | District of New Jersey                               |                  |                       |
|-------|----------------------------------|--|------------------|-----------------------|
| In re | Brian K. Neumann                 |  | Case No.         |                       |
|       |                                  | Debtor(s)  | Chapter          | 13                    |
|       | VER                              | IFICATION OF CREDITOR M                              | IATRIX           |                       |
|       |                                  |  |                  |                       |
| he ab | ove-named Debtor hereby verifies | that the attached list of creditors is true and cor- | rect to the best | of his/her knowledge. |
| Date: | December 12, 2017                | /s/ Brian K. Neumann                                 |                  |                       |
|       |                                  | Brian K. Neumann                                     |                  | ·                     |

Signature of Debtor

AT&T C/O Bankruptcy 1801 Valley View Lane Dallas, TX 75234

Friedman Vartolo LLP 85 Broad Street Suite 501 New York, NY 10040

Internal Revenue Service P.O Box 7346 Philadelphia, PA 19101

N.J. Division of Taxation Bankruptcy Section P.O. Box 245 Trenton, NJ 08695

Ocean County Sheriff's Office 120 Hooper Avenue P.O. Box 2191 Toms River, NJ 08754

SN Servicing Corporation 13702 Coursey Boulevard Building 2 Baton Rouge, LA 70817